

# American Optometric Association NEWS



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No. 5

## Optometry's Charity supports wide range of optometric projects

**W**ith charitable giving rapidly increasing in the United States, a unique new charitable foundation is ensuring that primary eye and vision care have a proper place on the nation's philanthropic agenda.

Optometry's Charity — The AOA Foundation (formerly the American Optometric Association Foundation for Science, Education, and Charity) supports the advancement of virtually every aspect of primary eye and vision care from research to care for the underserved.

"The foundation's mission is to advance the eye health and general well-being of the public through scientific, educational, charitable, and public service activities of the profession of optometry," foundation President Irving Bennett, O.D., said.

"Optometry's Charity — The AOA Foundation can help ensure that an appropriate share of the nation's charitable giving will be allocated directly to care and research to preserve the sense that Americans value most," according to Dr. Bennett.

"It represents a convenient 'one-stop' giving opportunity for those who wish to ensure the future development of the profession of optometry and make sure that high-quality primary eye and vision care are already available to all who need it," Dr. Bennett said.

Entities and programs currently supported by the foundation are:

- ❖ Endowment Fund Program
- ❖ InfantSEE®
- ❖ International Library, Archives and Museum of Optometry (ILAMO)

See Charity, page 12

## AOA survey takes stock of Americans' average 'Eye-Q'

**T**he second annual AOA American Eye-Q™ survey shows

Americans are concerned about their vision, but clearly need more accurate, expert information when it comes to their eyes and visual health.

The survey identifies American's attitudes and behaviors regarding eye care and related issues and is designed to assist the AOA in educating the public about the importance of regular, comprehensive eye exams for overall health and well-being.

As part of the launch of the AOA American Eye-Q™ survey findings, the AOA will conduct a satellite media tour on Oct. 18 with Hilary Hawthorne, O.D., to increase awareness of what Americans need to know about taking care of their vision.

The survey was conducted by Opinion Research, and overseen by Hill & Knowlton as part of the AOA's Optometry Awareness and Public Affairs campaign.

The results of the 2007 survey of 1,000 Americans were fairly consistent with those gathered the first year of



the survey, though some new areas were included this year. As was the case in 2006, loss of vision stands as a major concern among nearly half (47 percent) of Americans. However, non-users (those who do not use a form of vision correction) do not visit their eye doctors as often as they should.

A surprising 35 percent of non-users last visited an eye doctor five or more years ago, followed by 11 percent getting an eye exam every three or four years.

But, even more startling, 22 percent of non-users have never had their eyes checked by an eye doctor or specialist. Fifty-three percent of all respondents indicated they had seen an eye doctor or specialist within the past year.

The AOA *Optometric Clinical Practice Guidelines* suggest that children should receive their first comprehensive eye exam at 6 months.

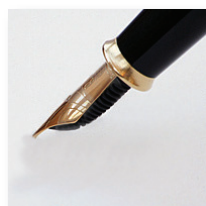
However, only one in 10 people (11 percent) think children should receive an eye exam within the first year of life.

Only 56 percent of Americans believe that behavioral problems are a sign that a child's vision may be impaired.

In many instances, women tend to be slightly more knowledgeable about eye care than men.

Women recognize that macular degeneration (28 percent vs. 20 percent) is the leading cause of blindness in

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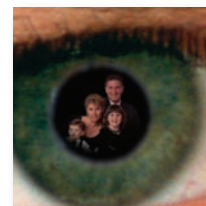
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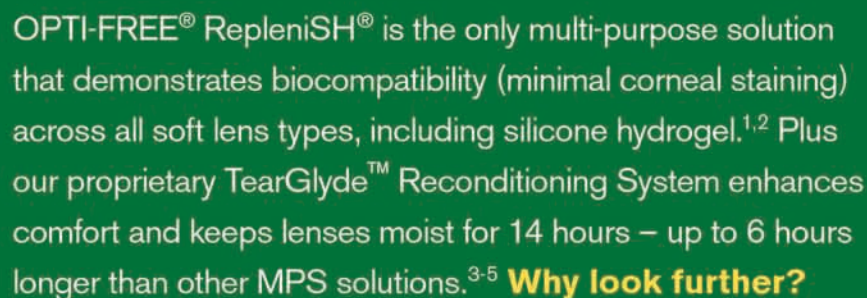
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Get the information you need at [ilamo@aoa.org](mailto:ilamo@aoa.org)







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American Optometric  
Association

243 N. Lindbergh Blvd.  
St. Louis MO 63141  
(800) 365-2219  
[www.aoa.org](http://www.aoa.org)

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## AOA News Staff

[www.aoanews.org](http://www.aoanews.org)

Bob Foster  
EDITOR-IN-CHIEF  
[RAFOSTER@AOA.ORG](mailto:RAFOSTER@AOA.ORG)

Bob Pieper  
SENIOR EDITOR  
[RFPPIEPER@AOA.ORG](mailto:RFPPIEPER@AOA.ORG)

Tracy Overton  
ASSOCIATE EDITOR  
[TLOVERTON@AOA.ORG](mailto:TLOVERTON@AOA.ORG)

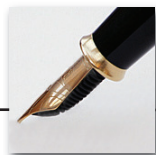
Stephen M. Wasserman  
DIRECTOR, COMMUNICATIONS GROUP  
[SMWASSERMAN@AOA.ORG](mailto:SMWASSERMAN@AOA.ORG)

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# PRESIDENT'S COLUMN

## Setting priorities

Recently, I received the following question from the "Ask Your AOA" mailbox on our Web site: What are the top five concerns the AOA feels it needs to spend its resources addressing in the next two years?

To best address this excellent question, a little background about AOA planning may be helpful.

Each year, shortly after Optometry's Meeting™, the Board of Trustees meets for the President-elect Planning Meeting. This meeting is crafted by the president-elect to prepare for the upcoming year in which he or she will be the president.

In recent years, at this meeting, the AOA Board of Trustees has addressed the AOA Strategic Plan either by a complete revision or simply updating sections of the plan. In addition, the president-elect leads the board to specific goals for the upcoming year as they flow from the strategic plan.

The next official planning meeting following the President-elect Planning Meeting is the Spring Planning Meeting where the new committees meet to lay out their plans for the upcoming year with the direction of the Board of Trustees. Between the President-elect Planning Meeting and the Spring Planning Meeting the board continues to discuss and refine the goals identified in the President-elect Planning Meeting.

This past year, the AOA Board of Trustees finalized the

inclusion of public health as one of the four pillars of the AOA Strategic Plan—joining advocacy, membership and affiliate relations.

Further, as president-elect, I challenged the board to identify "four things" they would like to accomplish in the year ahead.

Through an extensive process of elimination we identified four top concerns for 2007-2008. Those concerns are:

- ❖ Continue to enhance the federal advocacy program,
- ❖ Meet InfantSEE® goals set for 2006-2008,
- ❖ Increase membership to 24,000 active, practicing ODs with pilot membership programs and
- ❖ Develop the AOA as an information source and improve the Web site.

We were fortunate this year to hold the President-elect Planning Meeting immediately after the conclusion of the Optometry 2020 Summits where the profession identified 57 "Preferred Futures." This was an exciting platform from which to launch new ideas for the AOA.

In addition, the AOA met at the Academy meeting in December with the presidents of the AAO, ARBO, ASCO and NBEO where the issue of board certification and continued competence arose as it was identified in the summits as a topic the profession should pursue.

At the Academy meeting, those organizations, along with the AOSA, agreed to form the Joint Board

Certification Project Team to develop a prototype board certification process that could be evaluated by the profession.

The AOA Board of Trustees endorsed this project team in January 2007, and this was presented at the Spring Planning Meeting along with the other four goals.

Although the above goals represent the "five top" goals for the upcoming year and beyond, these goals are not by any means the only things the AOA is "spending its resources addressing in the next two years."

There are scores of programs and projects that AOA is undertaking at any time to advance the profession on



**Dr. Alexander**

multiple fronts.

Just one example: We are working to include optometrists in third-party plans and expand patient access to quality optometric care. At the beginning of 2008, more than 45 million people will have access to optometric care as a result of the AOA's work.

*Kevin L. Alexander O.D., Ph.D.*

## Eye disease management campaign to debut for November diabetes month

A new campaign focused around patient information on glaucoma, macular degeneration, and diabetic retinopathy will debut in time for National Diabetes Month in November.

The Eye Disease Management Campaign is made possible by a generous grant from Optos®—the optomap Retinal Exam. Members can use the various materials included in the kit to facilitate the conversations with patients that take place at the point of diagnosis of age-related eye diseases.

The Eye Disease Management kit is available to members free-of-charge and

includes the following:

- ❖ Printed folder with brief explanations of each disease state, retinal images of both a healthy eye and eyes affected by eye disease, and a diagram of the eye
- ❖ Patient information available in two forms—handouts in padded quantities of 50 and laminated cards for in-office use—for glaucoma, macular degeneration and diabetic retinopathy.
- ❖ Vision simulator cards
- ❖ Laminated card with patient testimonials about the importance of regular eye exams

To obtain a copy, e-mail [publicrelations@aoa.org](mailto:publicrelations@aoa.org).

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## LETTERS

### Kaufman, past AOA officer, remembered



**LeRoy Kaufman, O.D., and Dawn Kaufman, O.D., at the South Dakota Optometric Society Spring Convention this year, where they were jointly honored with the society's Distinguished Service Award.**

Dawn Kaufman, O.D., whose long history of service to the profession of optometry included serving as AOA secretary-treasurer, died of cancer Sept. 9.

Her many accomplishments include serving as the first woman president of the South Dakota Optometric Society (SDOS), first woman president of the North Central States Optometric Council and election to the AOA Board twice, as well as election as secretary-treasurer.

With her husband, LeRoy Kaufman, O.D., she was honored at the South Dakota Optometric Society's Spring Convention this year.

Angela Hase, O.D., now past president of SDOS, recognized the Kaufmans for distinguished service with these words:

"The Distinguished Service Award recognizes an individual that has demonstrated a lifetime of service to the profession of optometry. We have two individuals who have continuously contributed throughout their lifetime to benefit the profession of optometry and the public's visual needs. Leroy and Dawn have continually shown dedication, determination and leadership. These two individuals have helped pave the way for so many of us. Optometry and SDOS have grown because of their involvement."

Dr. Kaufman is survived by her husband and sons Erik and David. Memorials may be sent to the American Cancer Society on her behalf.

### Associate Director, Public Health, Clinical Care Group

This position offers a challenging opportunity to contribute to the development and direction of programs, services and policy related to the clinical practice of optometry. Successful candidate oversees the AOA's Public Health Programs and coordinates volunteers and staff to develop policy for the profession. Position holder will also provide expertise as a resource to AOA staff, members, the public and the media.

This position requires a doctor of optometry degree, effective organizational and management abilities, and exceptional oral and written communication skills. Additional degree or experience in the area of public health is desirable. Travel to out of town meetings may be necessary. Position is located at the AOA Headquarters office, St. Louis, Missouri. Excellent Benefits. Qualified applicants, please send resume and salary history to:

American Optometric Association  
HumanResources@AOA.org  
243 N. Lindbergh Blvd.  
St. Louis, MO 63141

EOE

No attachments please.

### Speak up for contact lens patient safety

*The Fairness to Contact Lens Consumers Act* (FCLCA) became effective in February of 2004. The act requires unconditional release of contact lens prescriptions at final lens fit, as well as timely verification of replacement lens Rx for the life of the prescription.

As required by the FCLCA, the Federal Trade Commission (FTC) issued to Congress a report on the strength of competition in the sale of prescription contact lenses. The FTC reported there was vibrant competition benefiting consumers.

What the FTC report did not address were some glaring deficiencies in the FCLCA which could potentially put contact lens wearers at risk.

The deficiencies in the Act relate to prescriber complaints of improper filling and overfilling of contact lens prescriptions. These practices are a result of open-ended prescription verification rules that leave insufficient time and provide no mechanism to pause selling of replacement lenses when substantive questions regarding the prescription arise.

In an attempt to correct the deficiencies in the act, and to protect the eye health of contact lens wearers, HR 2012, the *Contact Lens Consumers Protection Act* was introduced by Representatives Mike Ross (D-AR), Ed Whitfield (R-KY), Tom Allen (D-ME), and John Boozman (R-AR).

Provisions of the *Contact Lens Consumers Protection Act* include:

- ❖ Establishment of a toll-free telephone service and an e-mail service to allow prescribers to communicate questions. This will pause lens dispensing and extend the eight-hour verification response time in cases where there is a health risk issue.

- ❖ Permit prescribers to select their preferred method or methods of prescription verification communication from: fax, e-mail, or telephone.
- ❖ Increase penalties for improperly filling prescriptions from \$11,000 per violation to \$100,000 per violation.

In recent years, the Internet contact lens sales industry has spent millions of dollars to lobby members of Congress and state legislators in an effort to expand loopholes in the FCLCA and its prescription verification safeguards.

Fortunately, the AOA has taken on this out-of-control industry, fought hard to keep our patients safe, and even helped defeat 1-800-Contacts-backed legislation during a past-midnight vote on the floor of the U.S. House of Representatives last December.

Every OD who fits and manages contact lens patients is affected by the deficiencies in the FCLCA. Every patient whose lenses are improperly filled or overfilled is potentially put at risk.

Now, for the Federal government to crack down and put a stop to prescription verification abuses by unscrupulous sellers, we need to educate our congressmen and senators, build support for HR 2012, and do our part to make it a top priority for Congress.

Paul Klein, O.D.  
Chair-elect  
AOA Contact Lens and Cornea Section  
Ft. Lauderdale, FL

### Stellar season

Editor:

For years, optometrists have watched with pride and pleasure the golf achievements of Gil Morgan, O.D., who graduated from the Southern College of Optometry in the early 1970s. Gil is still going strong and is a regular winner (or near-winner) on the

Champions Tour.

We are pleased to report that Dr. Morgan's "replacement" is in the wings. John Mallinger, son of Joe Mallinger, O.D., of California and brother of Jennifer Mallinger, O.D., of Las Vegas, is beginning to make golf history.

At the very recent BMW Golf Tournament, the third leg of the prestigious FedEx Cup, John shot a terrific 5 under par for the four days of professional golf. John is 44th in earnings in his rookie year.

This entitles him to his PGA card for the 2008 PGA Tour.

His father reports he continues to receive many e-mails and voice mails from members of the "AOA John Mallinger Golf Fan Club." He answers as many as time permits, detailing all the "behind the scenes" stories he knows from walking with his son during tournaments and dining with all the PGA players and their families during the PGA events in the PGA players / family dining room.

John turned pro in 2002, shortly after graduating from Long Beach State with a degree in Business Administration. He racked up three third-place finishes so far in 2007, his first on PGA tour.

He had previously distinguished himself on the Nationwide Tour and in other events. His accomplishments to date indicate that we shall be hearing a lot about this skilled 27-year-old.

Father Joe Mallinger, O.D., and sister Jennifer Mallinger, O.D., are both graduates of Southern California College of Optometry (another Mallinger – Joe's niece, Leah Mallinger, will earn her OD degree from SCCO next year). Joe is now President / CEO of the Vision West Buying Group.

Irving Bennett, O.D.  
Beaver Falls, PA





## Lawmakers seek to delay Medicaid Rx requirement

As AOA News went to press, lawmakers in both the House and Senate were in the process of finalizing AOA-backed legislation that would provide more time for Medicaid prescribers and pharmacists to comply with a provision requiring all Medicaid prescriptions be written on tamper-resistant paper to avoid fraud.

Originally enacted as part of the Emergency Supplemental Appropriations bill (Pub. L. No. 110-28), the provision would have required prescribers to use tamper-resistant paper for Medicaid patients starting Oct. 1.

On Sept. 25, the Senate unanimously passed legislation (S. 2085), the proposed *Patient and Pharmacy Protection Act*, that would delay implementation of the provision requiring use of tamper-resistant pads for six months.

Separately, the House approved a measure, H.R. 3668, a bill to extend certain health care programs set to expire on Oct. 1. It included a provision that would also provide a six-month delay in the implementation date for use for these particular prescription pads for Medicaid patients.

To enact the extensions, President Bush would have to sign the legislation before the Oct. 1 deadline.

The AOA has learned that the U.S. Centers for Medicare and Medicaid Services (CMS) still planned to require all non-electronic Medicaid outpatient drug prescriptions be written on tamper-resistant pads effective Oct. 1, 2007. The new legislation passed by Congress, however, would postpone the deadline to April 1, 2008.

This requirement was authorized earlier this year under a provision (Section 7002 (b) of PL. 110-28)

attached to the *U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act*. State Medicare directors were informed of the new requirement in an August letter from the CMS (see AOA News, Sept. 17).

The AOA Washington Office team, along with the leadership and staff of state optometric associations, the pharmacy community and other health care provider groups, led the effort in communicating to members of Congress the need for a delay in implementing these tamper-resistant prescription pads.

In particular, the AOA would like to recognize the leadership of the Ohio delegation as they played an integral role in successfully and expeditiously securing this delay prior to the Oct. 1 deadline.

Along with 48 state and national health care-related organizations, the AOA signed a Sept. 17 letter to key congressional leaders, asking that the requirement be postponed one year.

In the letter, it was noted that: "States are reporting that uniform compliance with the new requirement by the Oct. 1 (2007) deadline is not possible due in large part to the extremely tight timeframe of the legislation. The guidance states needed to administer this new initiative was just issued on Aug. 17, which gives states roughly six weeks to notify providers, pharmacies, and recipients."

The AOA will continue to monitor and provide updates on the progress of this and other critical legislation on the AOA Web site, and it will be covered in upcoming editions of AOA e-newsletters and AOA News. Also, the AOA Order Department now carries tamper-resistant prescription forms. The forms are available for purchase from the AOA at (800) 262-2210.

## Improved AOA alter-proof pads designed to meet Medicaid rules

Improved AOA Alter-Proof Prescription Forms, now available through the AOA Order Department, are specifically designed to meet recently announced Medicaid tamper resistance requirements, according to Department Manager Kevin Doyle.

New federal standards call for Medicaid pharmaceutical prescriptions to be issued on pads incorporating industry-recognized features to prevent:

- ❖ Unauthorized copying,
- ❖ Erasure or modification, and
- ❖ Counterfeiting.

Under a federal directive issued last month, state Medicaid programs were to require prescription forms meeting at least one of those requirements by Oct. 1, 2007, (see related article) and all three requirements by Oct. 1, 2008. The Oct. 1 deadline would be postponed to April 1, 2008, under legislation passed by Congress last month.

The newly improved version of the alter-proof form is printed on a special paper stock developed to prevent authorized reproduction of either completed or blank forms.

Although not visible on the form itself, the words "Rx invalid" appears on any photocopies made of the form.

Suppliers say the new paper stock is probably the best product readily available for the production of prescription pads meeting the new tamper-resistant requirements. The stock is being widely utilized by hospitals to comply with the regulation.

Alter-proof forms also incorporate industry-recognized features to prevent the erasure or modification of prescriptions.

Because the paper stock deters duplication of the form, it effectively deters counterfeiting.

This requirement does not apply to e-prescriptions transmitted to the pharmacy, prescriptions faxed to the pharmacy, or prescriptions communicated to the pharmacy by telephone by the prescribing doctor, including ODs. The requirement does not apply to refills of written prescriptions presented at a pharmacy before Oct. 1, 2007.

This requirement only applies to prescriptions reimbursed by Medicaid; it does not apply when a managed care entity pays for the prescription. States will be able to exceed the baseline standard in their definitions of a tamper-resistant prescription pad. States also have the latitude to make their own determinations whether to allow pharmacists to accept an out-of-state prescription that meets the tamper-resistant requirements of another state.

States may elect to purchase compliant prescription pads for Medicaid prescriptions and provide them to doctors at no cost or at a discounted rate.

Optometrists should check with their state Medicaid agencies to determine the exact specification for prescription pads before they purchase pads from any source the office advises. Contact information for state health departments, who administer the Medicaid program, is available at <http://www.cms.hhs.gov/apps/contacts/>.

## Ordering information

Improved AOA Alter-Proof Prescription Forms (5 1/2" x 4 1/4" sheets, 100 per package) are printed in black ink with a blue AOA logo and can be personalized with up to six lines of type.

Practitioners wishing to ensure they meet the Medicaid requirements should specify "Improved AOA Alter-Proof Prescription Forms" when ordering. In addition to the improved tamper-resistant version, AOA prescription pads will also remain available in single sheet and NCR 2-part forms. AOA members receive a discount on all AOA Order Department products.

The prescription pads can be ordered through the AOA Order Department by calling (800) 262-2210.



## CMS launching public health care quality measurement system

The U.S. Centers for Medicare and Medicaid Services (CMS) formally announced plans for a Performance Measurement and Reporting System (PMRS) through which Medicare beneficiaries could obtain and compare quality and cost data for health care providers.

The PMRS will serve as a master system of records that could provide “transparency” in health care data on a broad scale, enabling Medicare beneficiaries to make better-informed choices when selecting a source of care, according to the CMS’s announcement in the Sept. 12 edition of the *Federal Register*.

This has the potential to be a very important development for health care providers – including optometrists – and eye and vision care patients, according to the AOA Washington, DC, office.

It potentially offers optometry, as a profession, and each optometrist, as an individual, the opportunity to objectively demonstrate the high quality of cost-effective care ODs provide.

However, there are concerns associated with any such system. The AOA Advocacy Group is actively working with federal agencies and advisory boards that are shaping the new quality reporting system to ensure that optometrists are assessed fairly and equitably. The AOA will be developing educational materials to make sure AOA members understand this new system.

The CMS did not specify when the new service might become available but indicated development of the system would begin on Oct. 15, unless public comment

prompts major changes in the planned program.

Quality and price data will be made available on a Web site and through various other means, the CMS said.

In addition, the PMRS will facilitate a number of other ongoing projects to improve health care, the CMS said.

Among them: pay-for-performance programs such as Medicare’s new Physician Quality Reporting Initiative (PQRI) and development of a national network of local health care purchasing exchanges.

The PMRS is an example of an overall move toward quality reporting “value-oriented health care” in the U.S. health system.

The federal government’s Value-Driven Health Care Initiative is an effort to reform the U.S. health care system through the coordinated use of interoperable health information technology (HIT); health care price and quality information; and incentives for high-quality and cost-efficient health care.

Health care quality measurement programs, such as the planned PMRS, rate health care providers based on factors such as adherence to recognized quality of care standards or patient outcome data. They rate provider cost efficiency by analyzing insurance claims records.

Among other functions, the PMRS will be used to make records of the Medicare PQRI program publicly available. Under the PQRI, providers can earn bonuses for appropriately taking designated steps to help ensure quality care.

In addition to the type of Web site listing specifically mentioned in the CMS

announcement, administrators have discussed issuing “provider report cards” to both providers and patients and competitive rankings of providers based on outcomes data.

The health care quality and cost data available through the PMRS will be particularly valuable to the government’s planned network of federal-chartered “value exchanges,” now being organized across the country, the CMS noted.

Through those exchanges, purchasers and providers of health care will be able to establish reimbursement rates based on the quality and cost-effectiveness of care offered by various providers, federal administrators said.

The CMS plans to provide quality and cost data from a variety of health plans — Medicare fee-for-service, Medicare Advantage, Medicaid and private insurance companies (both by plan and aggregate), the agency noted in last month’s announcement.

The CMS has also launched the Better Quality Information to Improve Care for Medicare Beneficiaries (BQI) Project to develop a model for data aggregation, quality measurement, and public reporting, the announcement noted.

The PMRS is being developed by the Quality Measurement and Health Assessment Group in the CMS’s Office of Clinical Standards and Quality.

Additional information on the PMRS will appear in the Practice Strategies section of a future edition of *Optometry: Journal of the American Optometric Association*.

*The Performance Measurement and Reporting System potentially offers optometry, as a profession, and each optometrist, as an individual, the opportunity to objectively demonstrate the high quality of cost-effective care ODs provide.*

## ***NPI Update*** **One (and only one) NPI per practitioner**

Every health care provider should have a National Provider Identifier number – but only one, the U.S. Centers for Medicare and Medicaid Services (CMS) emphasized.

Despite repeated advisories from the CMS to the contrary, some health plans reportedly are still asking health care providers to register for and use more than one NPI, according to the AOA Washington office.

For example, some plans reportedly are asking practitioners to use different NPIs when they provide care for patients and when they dispense durable medical equipment such as eyeglasses.

“A health care provider who is an individual (including a health care provider who is a sole proprietor) is eligible for only one NPI. The health plan may continue to enroll the health care provider who is an individual as two different types of providers, but this individual will have only one (the same) NPI associated with both of those enrollments,” the CMS clarified in a recent advisory.

### **NPI data instructions**

The final module in a four-part NPI Training Package is now available. NPI Training Package Module 4, Data Dissemination, describes the policy by which the CMS will make available information on health care providers who have received NPIs through a new NPI Registry (see AOA News, Sept. 17).

The module also outlines the data the CMS is disclosing. The module is available on the CMS Web site at [www.cms.hhs.gov/NationalProviderStand/Downloads/NPI\\_Module4\\_Data\\_Dissemination.pdf](http://www.cms.hhs.gov/NationalProviderStand/Downloads/NPI_Module4_Data_Dissemination.pdf).

The CMS also announced that downloadable files, which can be used to obtain information in the NPI registry, are now available online at [http://nppesdata.cms.hhs.gov/cms\\_NPI\\_files.html](http://nppesdata.cms.hhs.gov/cms_NPI_files.html).

To view the registry, visit <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>.



## FTC warns CL prescribers to provide patients with prescriptions

**T**he Federal Trade Commission (FTC) sent warning letters to 10 contact lens prescribers for allegedly failing to release prescription information to their patients, requiring their patients to purchase contact lenses from them, or imposing additional fees on their patients before releasing the prescriptions.

The letters were sent on Aug. 15 in response to consumer complaints filed with the FTC.

Under the Contact Lens Rule, contact lens prescribers must provide their patients with copies of their contact lens prescriptions and verify the prescriptions to any contact lens seller chosen by the patient.

Prescribers cannot require patients to purchase contact lenses from the prescribers or require patients to

pay additional fees to receive their prescriptions.

The letters include guidance for the prescribers on their obligations under the Contact Lens Rule, directing them to *The Contact Lens Rule: A Guide for Prescribers and Sellers*, and *Complying With the Contact Lens Rule*. (Online at <http://www.ftc.gov/bcp/online/pubs/buspubs/contact.shtm>)

Consumers can learn about their rights under federal law in *The Eyes Have It - Get Your Prescription*. (Online at <http://www.ftc.gov/bcp/online/pubs/alerts/contactalrt.shtm>.)

In 2003, Congress enacted the *Fairness to Contact Lens Consumers Act* (FCLCA), which requires prescribers of contact lenses to automatically release contact lens prescriptions to

patients following an exam and fitting.

The act also requires sellers of contact lenses to verify contact lens prescriptions with prescribers.

In July 2004, the FTC issued the Contact Lens Rule to implement the act.

The FTC's Ophthalmic Practice Rules govern the provision of spectacle lens prescriptions to patients.

The AOA Office of Counsel noted that optometrists must provide both contact lens and spectacle lens prescriptions to patients whether or not a copy is requested.

According to the FTC, prescribers must:

- ❖ give a copy of the contact lens prescription to the patient at the end of the contact lens fitting or a copy of the spectacle lens prescription at the end of the eye exam— even if

the patient doesn't ask for it.

- ❖ provide or verify the contact lens prescription to anyone who is designated to act on behalf of the patient, including contact lens sellers.

In any response to a verification request, prescribers must correct any inaccuracy in the prescription, inform the seller if it is expired and specify the reason if it is invalid.

Prescribers cannot require patients to:

- ❖ buy contact lenses or any ophthalmic goods
- ❖ pay additional fees or
- ❖ sign a waiver or release in exchange for a copy of the prescription.

In very limited cases, prescribers may require a patient to pay for the eye exam, fitting and evaluation before giving the patient a copy of the prescription, but only if the prescriber also requires immediate payment

from all patients, including those whose eye exams reveal no need for glasses, contact lenses, or other corrective eye care products. Proof of valid insurance coverage counts as payment for purposes of this requirement.

Prescribers cannot disclaim liability or responsibility for the accuracy of an eye examination.

"Doctors of optometry are dedicated to the health and well-being of patients, and it is our job to ensure that our patients have access to affordable, quality health care," said Kevin Alexander, O.D., Ph.D., AOA president. "The AOA certainly supports the Federal Trade Commission's enforcement of the *Fairness to Contact Lens Consumers Act* and encourages its members to serve patients under the guidelines of this law."

## AOA takes FCLCA fight to FTC and Congress

In the early morning hours of Dec. 8, 2006, an important victory for optometry was realized as Congress voted down a special interest contact lens sales and distribution provision aimed at the *Fairness to Contact Lens Consumers Act* (FCLCA).

Despite a two-year, \$2.2 million anti-optometry lobbying campaign undertaken by 1-800 Contacts Inc., AOA worked with other eye care providers and pro-optometry members of Congress to prevent unscrupulous Internet contact lens sellers from putting patients at increased and unnecessary risk.

However, new concerns over patient safety are on the rise as Internet contact lens sellers' prescription verification practices are failing to fully comply with mandates established through the FCLCA.

Optometrists, ophthalmologists and patients have all expressed renewed concern over deficient prescription verification practices being used by the Internet contact lens sales industry.

According to ODs around the country, Internet contact lens sellers are continuing to:

- ❖ use inaudible or unconnected automated telephone "robo-calls" as a mechanism for verifying prescriptions,
- ❖ sell contact lenses without verification of a prescription,
- ❖ overfill contact lens prescriptions, and
- ❖ leave providers unable to communicate patient verification information to sellers.

Internet sellers' non-compliance with the FCLCA's patient protections puts patients at risk. That's why the AOA Washington Office team reports complaints it receives from ODs and patients across the country directly to the headquarters of the U.S. Federal Trade Commission (FTC), the agency

responsible for enforcing the FCLCA.

Based on these complaints, the FTC has issued specific warnings to Internet sellers, including 1-800 Contacts.

In addition, the AOA is working with concerned members of Congress, including Reps. Mike Ross (D-AR) and Ed Whitfield (R-KY) to pass HR 2012, the *Contact Lens Consumer Health Protection Act*, a bill aimed at cracking down on unscrupulous Internet sellers. It's important for ODs to educate their representatives in Congress about this issue and to urge them to co-sponsor HR 2012.

The FTC has also made it clear that it intends to continue to monitor prescriber compliance with the law as well.

Under the Contact Lens Rule, contact lens prescribers must provide their patients with a copy of their contact lens prescriptions and verify the prescriptions to any contact lens seller chosen by the patient. (See story, above.)

Prescribers cannot require a patient to purchase contact lenses from the prescriber nor require the patient to pay an additional fee to receive his or her prescription.

Prescribers' obligations under the rule are detailed in the AOA FCLCA Compliance Guide and outlined in an FTC brochure, *The Contact Lens Rule: A Guide for Prescribers and Sellers*, and *Complying With the Contact Lens Rule*.

The AOA will continue to work with the FTC and members of Congress to ensure that patient safety remains a top priority.

ODs who are aware of FCLCA violations by Internet contact lens sellers are urged to contact Alicia Kerry Jones of the AOA Washington Office at (800) 365-2219, ext.1373 or [akjones@aoa.org](mailto:akjones@aoa.org).





## AOA backs military eye trauma bill

**L**andmark legislation that would aid injured combat troops and veterans is being supported by the AOA.

Introduced in the U.S. House of Representatives, the bill is designed to improve the care of American military personnel affected by combat eye trauma and aid those suffering vision damage associated with Traumatic Brain Injury (TBI).

Rep. John Boozman, O.D., (R-AR), an optometrist and member of the House Veterans Affairs Committee, introduced the *Military Eye Trauma Treatment Act* to

*Half of those treated at Walter Reed Army Medical Center and diagnosed with Traumatic Brain Injury also experience vision damage. More than 70 percent of wounded military personnel and veterans with brain injuries at the VA Polytrauma Rehabilitation Center in Palo Alto, CA, reported vision problems.*

making serious eye wounds one of the most common types of injury experienced in current U.S. conflicts.

H.R. 3558, the *Military Eye Trauma Treatment Act of 2007*, would create a Center of Excellence within the

ing on active duty.

The registry will include input from optometrists and ophthalmologists from both the Department of Defense (DOD) and the Department of Veterans Affairs (VA).

The *Military Eye Trauma Treatment Act* also requires a joint DOD-VA program for service members and veterans affected by visual dysfunction related to Traumatic Brain Injury.

"TBI has become the hallmark injury of our current conflicts. The treatment of TBI, and the vision issues deriving from it, is important work that the Department of Defense and the VA should work together and provide leadership on," added Rep. Boozman. "Coordination between the two is vital to ensuring effective treatment for our injured troops and veterans; this is why the bill requires the sharing of information."

"The American Optometric Association stands shoulder-to-shoulder with Representative Boozman in his steadfast dedication to improving the care that America's service members receive. The AOA fully supports the *Military Eye Trauma Treatment Act* and is confident that this legislation will ensure our military personnel receive the level of care they deserve," said AOA President Kevin L. Alexander, O.D., Ph.D.

The AOA has made it a priority to encourage Congress to create a central registry for military eye

injuries due to persistent problems in identifying the numbers of military members suffering eye injuries as they return from Iraq and Afghanistan.

The AOA has also partnered with the Blinded Veterans Association (BVA) in highlighting the seriousness of combat eye trauma and vision problems associated with TBI.

"If Congress approves this legislation, it will be one of the greatest advances in military eye care in over 60 years," said Tom Zampieri, Ph.D., director of Government Relations at the BVA.

Currently, eye and vision care services for service members and veterans is lacking because a framework to ensure continuity of care simply does not exist.

"These selfless Americans have sacrificed their vision for the good of our country; they deserve the

very best care that we can give them," added Dr. Zampieri.

A bipartisan group of members have already signed on to Rep. Boozman's bill, including: Reps. Randy Forbes (R-VA), Vic Snyder (D-AR), Loretta Sanchez (D-CA), Frank LoBiondo (R-NJ), Collin Peterson (D-MN), Shelley Berkley (D-NV), Robert Berry (D-AR), Gus Bilirakis (R-FL), Robert Brady (D-PA), Bob Filner (D-CA), Barton Gordon (D-TN), John Hall (D-NY), Robin Hayes (R-NC), James McGovern (D-MA), Jeff Miller (R-FL), Heather Wilson (R-NM) and Delegate Eleanor Holmes Norton (D-DC).

Companion legislation has also been introduced in the Senate by Sens. John Kerry (D-MA), Chuck Hagel (R-NE), Barack Obama (D-IL) and Pete Domenici (R-NM).

"This is important legislation which goes beyond party labels and gets to the heart of the debt we owe our men and women who wear, and who have worn, the uniform," said Rep. Boozman. "I am particularly proud of the veterans' organizations and eye care professionals who have come together to support this legislation which addresses a timely concern."



**Rep. John Boozman, O.D., and AOA Trustee Dori Carlson, O.D., at the AOA Congressional Conference last year.**

address the increasing number of eye-related injuries among troops serving in Iraq and Afghanistan and develop a permanent framework to aid injured troops and veterans with combat-related vision damage.

Statistics have shown that over half of those treated at Walter Reed Army Medical Center and diagnosed with TBI also experience vision damage, while upward of 70 percent with brain injuries at the VA Polytrauma Rehabilitation Center in Palo Alto, CA, reported vision problems as well.

Between October 2001 and June 2006, more than 1,000 troops with combat eye trauma were evacuated from overseas military operations,

Department of Defense specifically devoted to the prevention, diagnosis, mitigation, treatment and rehabilitation of military eye injuries.

"This is important legislation for the care of our wounded service members suffering from eye trauma on active duty. Serious eye wounds are among the most common injuries incurred by our troops in our current conflicts," said Rep. Boozman.

The primary responsibility of the Center of Excellence would be the development of a "Military Eye Injury Registry," containing up-to-date information on the diagnosis, treatment and follow-up for each serious eye injury received by any member of the armed forces while serv-

*"This is important legislation for the care of our wounded service members suffering from eye trauma on active duty. Serious eye wounds are among the most common injuries incurred by our troops in our current conflicts."*





# AOA names K.I.D.S. grants first-round winning projects

The AOA announced the winners for the first round of the Keeping Injuries Down in Sports (K.I.D.S.) State Association Grant program.

Each grant is worth up to a maximum of \$10,000 with a total of \$50,000 being awarded for the first round.

The grants are sponsored by Liberty Sport and provide funding assistance for projects that support public education and awareness of the prevention of sports-related eye injuries through the use of appropriate personal protective eyewear.

The following seven state association grant applicants were funded:

❖ **Armed Forces Optometric Society—Operation See Victory:** Awareness packets will be produced and distributed by up to 300 participating AFOS member providers who will then coordinate with their local federal service community contacts for targeted presentation.

❖ **Arkansas Optometric Association—Let's Play Ball! Safely:** The project will provide school nurses with education booklets to use as guides for eye safety.

The booklets will contain information about how to recognize different eye injuries, appropriate responses, eye injury prevention, types of eye protection, and resources for providing treatment and/or protection.

This information will be supplemented by volunteer eye care professionals who will incorporate eye safety into presentations made to school nurses.

❖ **Maine Optometric Association—K.I.D.S. for ME:** The project aims to educate school sports administrators, parents, coaches and children about the eye

health risks that can be prevented through the use of proper protective sports eyewear worn by children ages 10 and older who participate in sports programs.

Educational materials, promotional giveaways and educational presentations to sports program groups will be distributed throughout schools, medical offices and health care centers in Maine.

❖ **Oklahoma Association of Optometric Physicians—Focus on K.I.D.S.:** The project aims to reduce the number of sports-related eye injuries in Oklahoma by encouraging coaches and parents to integrate the use of protective eyewear in school sports programs.

The project will include the distribution of a DVD, PowerPoint presentation, coach kit, educational materials and radio public service announcements.

❖ **Oregon Optometric Physicians Association—Eye on the Ball:** The project encompasses bi-fold brochures and press releases targeted at parents and coaches, informing them of the potential of eye injury to children during participation in sports and the importance of eye protection.

❖ **Rhode Island Optometric Association—Sports Eyes Need Defense (S.E.N.D.):** The project aims to cultivate a group of "visiting optometrists" to speak to target audiences to raise awareness regarding the correlation between unprotected eyes and the frequency of injuries in sports.

The program also includes educational bags, a PowerPoint presentation, lifestyle questionnaire and public advertising.

❖ **Northern Virginia Optometric Society/Shenandoah Valley**

**Optometric Society—Youth Eye Protection for Sports (YEPPS):** This project includes a children's poster contest covering 14 schools in northern Virginia and in the Shenandoah Valley.

The winning posters will become the backdrop for a PowerPoint presentation at the schools.

The goal of YEPPS is to educate students about the use of safety eyewear in activities with potential for ocular injuries.

The second round of the K.I.D.S. State Association Grant program will have a total of \$50,000 available.

Each grant will be worth up to a maximum of \$10,000.

## Alaskan ODs gain hard-fought privileges for nearly all orals

Alaska Gov. Sarah Palin (R) signed the states' oral prescriptive authority bill into law on Sept. 7.

The law grants prescriptive authority to optometrists for all oral drugs, excluding Schedule I and II narcotics. It also allows, after the optometrist takes the required course, injectables, except those into the globe of the eye or derivatives of clostridium botulinum (Botox).

The law passed after more than 10 years of grassroots campaigning, fundraising and testifying for committees, said Michael Bennett, O.D., Alaska Optometric Association (AKOA) president and legislative committee chair.

"We have no restrictions on orals other than Schedule I or II narcotics and a four-day limitation on narcotics," said Dr. Bennett. "There were some claims that we were seeking to become cosmetic folks, so we specifically put the prohibitions on botulinum injections."

"The passage of this legislation is the culmination of years of hard work and grassroots efforts," said Tracy Oman, executive director of the AKOA. "This new law is especially important in a state like ours where optometrists are often the only eye care physicians available in rural areas. It is truly the patients throughout Alaska who will benefit from the top-notch eye care and strengthened treatment authority optometrists are now allowed to provide."



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The AOA's Aviation Vision Program is sponsored through a generous grant from Essilor of America.

# Survey looks at eyes from all angles

Following are some of the questions, and responses to, the 2007 AOA American Eye-Q™ Survey.

## When was the last time that you used the services of an eye doctor or eye care specialist?

Within the past year 53%  
Within past two years 18%  
Within three/four years 8%  
Five or more years ago 14%  
Never 7%

## Which of the following do you worry most about losing?

Ability to see 47%  
Your memory 28%  
Ability to walk 11%  
Ability to hear 6%  
Your hair 4%

## Which of the following do you believe is the biggest benefit to getting LASIK?

Clear natural vision 38%  
No need for glasses/CLs 36%  
Natural appearance 6%  
Sports/activities 6%  
Career opportunities 3%

## Which of the following do you believe is the biggest risk or drawback to getting LASIK?

Surgical complications 29%  
Vision deterioration back to pre-surgery level 12%  
Procedure may be painful 4%  
Desired vision not met 11%  
Infection/inflammation 12%  
Cost 22%

## Would you be more willing to have a vision correction procedure, such as LASIK, if it did not require you to have a surgical procedure?

Yes 64% No 36%

## Which of the following would you say is the leading cause of blindness in the United States?

Glaucoma 24%  
Macular degeneration 24%  
Cataracts 21%  
Accident 9%  
Poor diet 9%

## Do you agree or disagree with the statement: "Glaucoma is preventable with proper eye care"? Agree 67% Disagree 18% Don't know 16%

## Which of the following conditions do you think can be detected through a comprehensive eye exam?

Diabetes 64%  
Hypertension 51%  
Brain tumor 49%  
Cardiovascular disease 37%  
Cancer 41%  
Multiple sclerosis 22%  
None of the above 14%

## How often do you think people with diabetes should receive an eye exam?

Two or more times a year 48%  
Once a year 41%  
Every two years 6%  
Less than every two years 2%

## Which of the following behaviors is bad for your eyes?

Reading under dim lights 83%  
Sitting too close to TV 78%  
Smoking cigarettes 69%  
Rubbing eyes 61%  
Drinking alcohol 54%  
Drinking caffeine 27%  
Crying 8%

## Which of the following foods are good for your eye health?

Carrots 93% Broccoli 76%  
Spinach 74% Apples 64%

## Which of the following do you think is a sign that a child's vision may be impaired?

Sitting too close to the TV or holding a book too close 92%  
Behavioral problems 56%  
Lower classroom marks 79%  
Headaches 94%  
Squinting their eyes while reading or watching TV 95%  
Turning/tilting their head to see better 82%  
Using a finger to follow along while reading 43%

## Which of the following would you say is most important to you when purchasing sunglasses?

UV protection 60%  
Price 12%  
Style 16%  
Safety 10%

## Do you wear eyeglasses, contact lenses or both eyeglasses and contact lenses?

Eyeglasses only 77%  
Contact lenses only 5%  
Both 18%

## Which of the following do you do on a regular basis?

Clean/sanitize contacts 92%  
Shower in your contacts 58%  
Wear longer than suggested 46%  
Swim in your contacts 39%  
Sleep in your contacts 19%

## How often do you replace your contact lens case?

Every 1 to 3 months 32%  
Every 4 to 6 months 17%  
Every 7 to 12 months 16%  
Less than once a year 17%  
Never 17%  
Don't know 2%

## If you could change your eye color with colored lenses, what color would you choose?

Blue 21%  
Green 16%  
Brown 8%  
Hazel 5%  
Grey 2%  
Purple 1%  
Turquoise 1%  
Would not change 39%

## Which of the following statements best describes the main reason you would choose that color?

Just like the color 60%  
More attractive 15%  
More dramatic 10%  
More likely to be noticed 6%  
More makeup options 2%

## How often do you replace your mascara?

Within the first 3 months 55%  
Every 4 to 6 months 27%  
Every 7 to 12 months 8%  
Less than once a year 6%  
Don't know 4%

## Which of the following items do you believe best helps to reduce under eye puffiness?

A cold compress 34%  
Cucumber slices 18%  
Moist tea bags 13%  
A warm compress 11%  
Eye cream or lotion 10%  
None of the above 4%  
Don't know 10%

## Do you believe women may experience any of the following visual conditions during pregnancy?

Puffy eyelids 70%  
Blurred vision/vision changes 63%  
Dry eyes 62%  
Change in lens prescription 45%  
None of the above 15%

## Which of the following would you say you frequently work with . . .?

A computer 65%  
Handheld device (i.e. PDA) 17%  
None of the above 32%

## Is your computer monitor positioned at eye level, below eye level or above eye level?

At eye level 70%  
Below eye level 22%  
Above eye level 7%  
Don't know 1%

## About how often do you take breaks from working with your computer to rest your eyes?

Every 10 minutes 12%  
Every 20 minutes 17%  
Every half hour 24%  
Every hour 18%  
Every few hours 16%  
Never 10%  
Don't know 5%

## How early do you think a child should first receive a comprehensive eye exam?

Within the first year of age 11%  
Between 1 and 2 years 21%  
Between 3 and 4 years 28%  
Age 5 or older 36%

## Where do you usually take your child(ren) to receive their eye exam?

Eye doctor/specialist 55%  
Pediatrician 18%  
Family doctor 8%  
School 5%  
A clinic 5%  
Other 1%  
Not taken for eye exam 6%  
Don't know 2%

## On a yearly basis, which of the following doctors do you take your child(ren) to for a general check up?

Pediatrician 84%  
Dentist 82%  
Eye doctor/specialist 56%  
Allergist 18%  
Podiatrist 11%  
None of the above 3%

## Do you purchase sunglasses for your child(ren)?

Yes 61% No 38%

## When you purchase sunglasses for your children, do you usually check for UV protection?

Yes 77% No 22%

## How worried are you that your children may damage their eyes due to prolonged use of computers/portable electronic devices?

Extremely worried 6%  
Very worried 10%  
Somewhat worried 35%  
Not very worried 32%  
Not at all worried 17%

## If you could change one thing about your eyes, what would it be?

Vision 46%  
Color 8%  
Get rid of wrinkles 5%  
Size 2%  
Longer lashes 2%  
Nothing 24%

## There is a saying that blondes have more fun. So, what eye color suggests the most fun to you?

Blue 44%  
Green 18%  
Brown 18%  
Hazel 8%  
Grey 1%

## Do you believe in love at first sight?

Yes 47% No 50%

## Survey, from page 1

the United States and that diabetes (68 percent vs. 61 percent) and brain tumors (53 percent vs. 44 percent) can be detected through a comprehensive eye exam.

Overall, most Americans have a rudimentary understanding of the relationship between healthy eyes and a healthy body.

Sixty-four percent know that diabetes can be detected through comprehensive eye exams, and 51 percent know that hypertension can be detected through comprehensive eye exams.

Forty-one percent recognize that a person with diabetes should have an eye exam at least once a year.

However, fewer than half realize that brain tumors (49 percent), cardiovascular disease (37 percent), cancer (41 percent) and multiple sclerosis (22 percent) can be detected through comprehensive eye exams.

Americans need more accurate education in some areas, including contact lens care and hygiene, which was a new area on the survey this year.

Among respondents who wear contact lenses, 79 percent admitted to practicing

poor contact lens hygiene on a regular basis, including showering, swimming and sleeping in contact lenses as well as wearing lenses longer than the suggested timeframe.

Only one-third (32 percent) of contact lens wearers change their lens cases every one to three months; one in six (17 percent) say they never change their lens cases.

Seventy-eight percent of Americans do not have their computer monitors positioned at the correct height, below eye level, as the AOA recommends.

They are also not taking the recommended number of breaks to relieve eye strain. Only about 29 percent rest their eyes at least once every 20 minutes.

Two-thirds (67 percent) of Americans believe that glaucoma is preventable with proper eye care.

It is still a considerable misconception that reading under dim lights (83 percent) and sitting too close to the television (78 percent) are the main behaviors that are bad for the eyes, when in fact the bad behaviors are: smoking cigarettes (68 percent), rubbing the eyes (61 percent), drinking alcohol (50 percent) and drinking caffeine (22 percent).

For more information, visit [www.aoa.org](http://www.aoa.org).





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## Charity, from page 1

- ❖ Optometry's Fund for Disaster Relief
- ❖ VISION USA

Over time, the foundation board plans to support additional charitable programs championed by the AOA.

"It represents the first time an umbrella organization has been established to ensure funding for a range of optometric charitable endeavors," Dr. Bennett said.

Established in July 2006, Optometry's Charity — The AOA Foundation is a 501(c)(3) charitable non-profit organization subsidized in part by the AOA and support-

ed by donations and grants from corporations and individuals.

The foundation's board of directors represents various stakeholders in the optometric community who are committed to the foundation's mission and success.

Donations are being accepted for the general fund or may be designated for any one or combination of the five entities.

America is experiencing an "explosion in giving," according to the philanthropic trade publication *Chronicle of Philanthropy*.

U.S. charitable giving

reached a record \$295 billion in 2006, according to estimates in the 2007 *Giving USA* report compiled by the Center on Philanthropy at Indiana University.

"Americans are becoming more philanthropically aware," investor Warren Buffett recently told the Bloomberg News Service.

Similarly, the number of charitable organizations in the nation is growing rapidly. The U.S. Internal Revenue Service now recognizes nearly 2 million 501(c)(3) and other tax-exempt organizations, according to the National Center for Charitable Statistics. Many of those have been established over the past 10 years. However, that means the competition for those charitable contributions is also becoming greater, according to Dr. Bennett.

Optometry's Charity is positioned to solicit and accept "mega-donations" from major charitable foundations and corporations, Dr. Bennett said.

However, the AOA foundation is actively soliciting a wide range of sizes and types of contributions. Like most charitable causes, the bulk of its funding will probably come from a number of small- to medium-sized contributions, according to Dr. Bennett.

About 65 percent of households with incomes below \$100,000 now give to charity, according to the Giving USA report.

Memorial donations, an increasingly important source of funding for charities of all types, have already been received by the foundation.

"The family of one AOA life member recently requested that 'in lieu of flowers,' donations be made to the AOA foundation. It was the first time that has happened. Unaware of the request, we were surprised to suddenly receive \$1,100 in donations in honor of the optometrist," Dr. Bennett said. "I recently

## New name reflects Optometry's Charity

The AOA's charitable foundation introduced its new name as of Sept. 10, 2007: Optometry's Charity — The AOA Foundation.

The foundation's board determined the previous title, the American Optometric Association Foundation for Science, Education and Charity, was too unwieldy.

In addition, the AOA Optometric Disaster Relief Program was also renamed Optometry's Fund for Disaster Relief, and the Book of Memory was renamed the "Book of Memory and Tribute."

The latter name now reflects the many donations to the program that also honor achievements and accomplishments.

Optometry's Charity encompasses five major entities: InfantSEE®, VISION USA, the International Library, Archives & Museum of Optometry (ILAMO), the Endowment Fund, and Optometry's Fund for Disaster Relief.

All donations or contributions to Optometry's Charity, a 501(c)(3) organization, are fully deductible.

The Optometry's Charity Board of Directors includes Irving Bennett, O.D.; Paul Berman, O.D.; Richard L. Hopping, O.D., MPH; Dori Carlson, O.D.; David Cockrell, O.D.; and industry representatives Jacques Stoerr and Ben Lynch.

## Memorials raise \$1,500 for foundation

Administrators for Optometry's Charity — The AOA Foundation report nearly \$1,500 in memorial donations have been received in honor of past Pennsylvania Optometric Association (POA) President Ray L. Kinch, O.D.

The contributions marked the first time that donations "in lieu of flowers" have been requested for the new foundation.

The AOA Board of Trustees established Optometry's Charity — The AOA Foundation to provide ongoing support for the AOA Endowment Fund Program, InfantSEE®, the International Library, Archives and Museum of Optometry (ILAMO), Optometry's Fund for Disaster Relief, and VISION USA.

Best remembered for career-long involvement with the POA and the Central Pennsylvania Optometric Society, Dr. Kinch served as POA president, as interim executive director, and as an interim administrator.

A six-decade AOA member, Dr. Kinch was instrumental in the development of the AOA Keyperson Network, chaired the first AOA National Keyperson Conference in 1969, and served on a number of AOA committees.

He was involved in the development and operation of the nonprofit Optometric Centers of Pennsylvania to meet the needs of underserved populations in the central part of the state.

Dr. Kinch was a 1951 graduate of the Pennsylvania College of Optometry who practiced in Hershey, PA, for 41 years.

Optometry's Charity administrators say "in memorial" contributions could become an important source of support for the fledgling foundation, as they have become for many other charitable organizations.

Such contributions are being recorded in the AOA Book of Memory and Tribute at the AOA's St. Louis headquarters.

observed a similar notice for a prominent ophthalmologist suggesting that memorials be made to the American Academy of Ophthalmology. This type of thing may not be uncommon."

Such contributions are recorded in the *AOA Book of Memory and Tribute* in the AOA's St. Louis headquarters.

Like many charitable organizations, Optometry's Charity — The AOA Foundation, will probably receive a sizable portion of its contributions during the final quarter of the year, Dr.

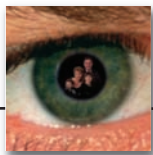
Bennett said.

Fifty percent of all charitable donations are made between Thanksgiving and New Year's Day, according to Charity Navigator, a widely cited charity evaluator.

A detailed article on the tax deductibility of charitable contributions, such as those made to Optometry's Charity — The AOA Foundation, will appear in the Practice Strategies section of the December issue of *Optometry: Journal of the American Optometric Association*.

**Contributions should be  
sent to Optometry's  
Charity — The AOA  
Foundation, 243 North  
Lindbergh Blvd., St. Louis,  
MO 63141.**





## Mom remembers InfantSEE® program from prenatal visit, finds baby has extreme myopia that was undetected

InfantSEE® leaders often advise providers to inform all their patients about the program. Louisiana InfantSEE® Chair Jerry Gerdes, O.D., took his own advice when he told one pregnant mom about the no-cost infant eye assessments last year.

The mother remembered the InfantSEE® program when her daughter Jasmine was 16 months old, and though she did not technically qualify for the program, Dr. Gerdes suggested she bring the infant in anyway.

Jasmine had some problems walking, but her mother did not suspect a vision problem. The pediatrician told her everything was fine.

"I didn't think there would be a problem until we gave her some toys that I had sitting next to the exam chair, and she held them two inches in front of her face," said Dr. Gerdes. "And then with the Lea grating paddles, even the biggest ones, I didn't get a response."

Jasmine had no reflex on retinoscopy.

Mohindra retinoscopy revealed -11.00 -1.25 X90 O.D. and -12.00

-1.50 X90 O.S.

Dr. Gerdes dilated Jasmine and found no pathology.

"We're going to keep a close eye on her," said Dr. Gerdes. "It's hard to predict. In the first year of life, you develop crucial motor skills and walking. I just can't predict the effects."

Jasmine will be fitted with spectacles, which were ordered, and will have a follow-up examination in three months.

"Her life will significantly be impacted due to InfantSEE®," said Dr. Gerdes. "Do not underestimate the power of telling your expectant mothers or mothers with babies. It works."

Dr. Gerdes provides four to five InfantSEE® assessments each month and actively promotes the program in Louisiana.

For more information about the InfantSEE® program, or to sign up as an InfantSEE® provider, e-mail [infantsee@aoa.org](mailto:infantsee@aoa.org), call (800) 365-2219, ext. 4286, or visit [www.aoa.org](http://www.aoa.org).

## Diabetes form facilitates comanagement

The AOA updated its Diabetic Eye Examination Report form with the help of Ohio Optometric Association members who participated in a pilot program.

The program evaluated the forms used for optometrists to communicate with their diabetic patients' comanaging physicians and created a revised reporting form that could be implemented into clinical practice.


The pilot program was developed and field-tested by Kelly Nichols, O.D., Ph.D., MPH, and Sylvia Jones, O.D., of The Ohio State University College of Optometry and was based on survey responses from 51 optometrists and 75 comanaging physicians for the design of the new reporting form.

The program was funded from grants from the AOA Healthy Eyes Healthy People™ program and the National Eye Institute's Healthy Vision 2010 Community Awards Program.

Details of the pilot program and the report revision will be featured in an article in the November issue of *Optometry: Journal of the American Optometric Association*.

The revised Diabetic Eye Examination Report form is at <http://www.aoa.org/x8533.xml>.

A triplicate version (one copy each for the patient, comanaging physician, and the optometrist) is available through the AOA Order Department. To order, call (800) 262-2210 or fax (314) 991-4101.



American Optometric Association  
**Healthy Eyes Healthy People™**

**AOA Diabetes Eye Examination Report**  
(www.aoa.org)

**From:**

**To:**

**Date examined:**

**Patient Information:**  
**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Diabetes mellitus:** ☐ Type 1 ☐ Type 2 ☐ Gestational ☐ Prediabetes **HbA1C:** ☐ < 6 months ☐ ≥ 6 months ☐ Unknown  
**Duration of Diabetes (in years):** \_\_\_\_\_ **Current Diabetes Therapy:** ☐ Insulin ☐ Oral Hypoglycemic ☐ Diet Control ☐ None  
**Results of Last Finger-stick blood glucose reading (per patient):** \_\_\_\_\_ ☐ N/A **Patient reports under control:** ☐ Yes ☐ No  
**Current Medications (ocular and systemic):** \_\_\_\_\_

**Exam Findings:**  
**Visual Acuity (best corrected):** OD: \_\_\_\_\_ OS: \_\_\_\_\_  
**Intraocular Pressure:** OD: ☐ within normal limits ☐ > normal OS: ☐ within normal limits ☐ > normal  
☐ **Dilated Fundus Exam Performed**  
**Diagnosis:**  

No Diabetic Retinopathy	<input type="checkbox"/> OD	<input type="checkbox"/> OS
Non-Proliferative Diabetic Retinopathy		
Mild	<input type="checkbox"/> OD	<input type="checkbox"/> OS
Moderate	<input type="checkbox"/> OD	<input type="checkbox"/> OS
Severe	<input type="checkbox"/> OD	<input type="checkbox"/> OS
Proliferative Diabetic Retinopathy	<input type="checkbox"/> OD	<input type="checkbox"/> OS
Clinically Significant Macular Edema	<input type="checkbox"/> OD	<input type="checkbox"/> OS

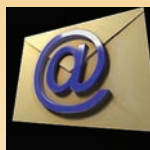
**Plan:**  
☐ Monitor Only  
 -or-  
☐ Additional Testing/Treatment Recommended: \_\_\_\_\_

**Additional Ocular Findings:**  
  
  
**Additional Comments:**

**Management:**  
☐ Follow-up: \_\_\_\_\_ months ☐ Referral To: \_\_\_\_\_ For: \_\_\_\_\_  
☐ Home central vision test (Amsler) given  
☐ Patient ed./discussion  
☐ Info. Pamphlet given  
☐ Other \_\_\_\_\_ **Doctor's Signature** \_\_\_\_\_

© This form was developed by the Ohio Optometric Association and The Ohio State University College of Optometry through support from the NIH Healthy Vision 2010 Awards Program and an AOA Healthy Eyes Healthy People Grant.

### LETTERS



Send letters to: Editor, AOA News  
243 N. Lindbergh Blvd.,  
St. Louis MO  
63141

[RAFoster@aoa.org](mailto:RAFoster@aoa.org).

AOA News reserves the right to edit letters submitted for publication.



# ODs asked to join in World Sight Day Oct. 11

**O**ptometry Giving Sight is asking all optometrists to join the World Sight Day Challenge and help support "Our Vision for Children" by giving sight to the estimated 13 million children who are

## OPTOMETRYGIVINGSIGHT

blind or vision impaired simply because they do not have a pair of glasses. World Sight Day is Oct. 11.

The organization, which

is the only global initiative that specifically targets the prevention of blindness and impaired vision due to refractive error, hopes that staff, patients and

students will also support the campaign by signing up for a single or regular monthly donation of as little as \$5.

Optometrists, practice

staff and optometric students can participate in the World Sight Day Challenge in a number of ways:

1. Optometrists can sign up for regular donations of \$25, \$50 or \$100 per month.
2. Practices can donate all exam fees on World Sight Day to Optometry Giving Sight.
3. Optometrists can ask all patients to add \$5 to their invoices throughout October.
4. Staff and students can sign up for a regular donation of \$5 per month.

According to Professor Brien Holden, CEO of Optometry Giving Sight, it costs just \$5 to provide an eye exam, a pair of glasses and residual training for staff in countries that lack eye care services.

This simple intervention can save someone from a life without sight—enabling children to learn, adults to work and the elderly to preserve their dignity and independence.

To register, visit the Optometry Giving Sight Web site, [www.givingsight.org](http://www.givingsight.org), or call (888) OGS-GIVE. Once registered, all practices will receive a World Sight Day Challenge Practice Kit. This kit includes materials to help promote the challenge in practices and communities.

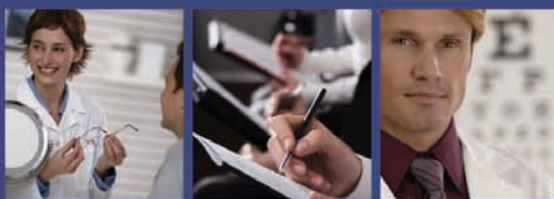
World Sight Day is an initiative of VISION 2020: The Right to Sight and is supported by the World Health Organization, the International Agency for the Prevention of Blindness, and more than 80 non-government organizations who share the goal of eliminating avoidable blindness by the year 2020. The theme for 2007 is VISION for Children.

Optometry Giving Sight is a joint initiative of the World Optometry Foundation, the International Centre for Eyecare Education and the International Agency for the Prevention of Blindness. National industry sponsors include CIBA Vision, the Institute for Eye Research, Marchon, Vision Source, and Signet Armorlite.

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SECO 2008 will also host Optometry's Marketplace™. With 70,000 square feet and nearly 300 exhibitors, this is one of the largest exhibit halls in all of optometry featuring the latest ophthalmic equipment, products and services.

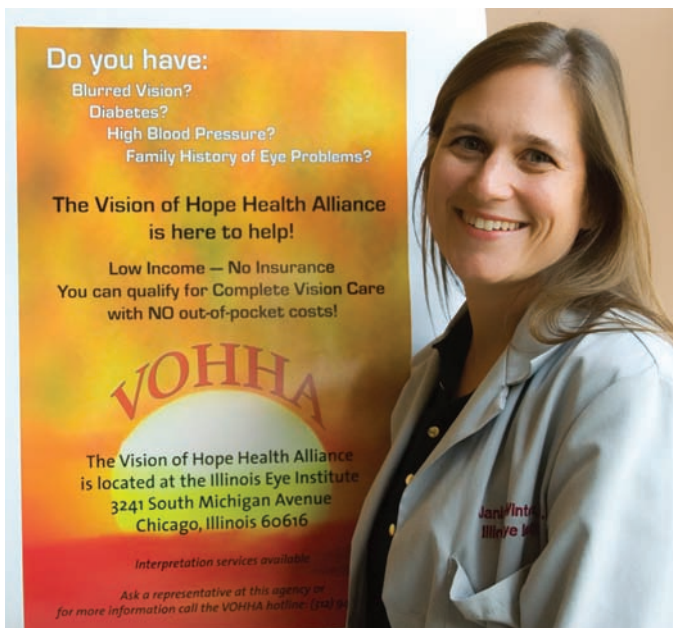
SECO 2008 is supported in part by these DIAMOND Partners



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**Janis Winters, O.D.**

## ICO program reaches 1,000

The Illinois College of Optometry's (ICO) Vision of Hope Health Alliance (VOHHA) program announced that it reached its goal of serving 1,000 new patients this year.

Since its inception in 2005, the VOHHA program has provided care for 1,802 uninsured or low-income patients.

"We provide them the eye care they need and likely

otherwise would not receive," said Janis Winters, O.D., medical director of VOHHA.

The program has created a model for health care delivery by building alliances between optometrists, health care providers and social service agencies in the Chicago area.

These partnerships have helped advance the quality and availability of care to underserved and low-income patients.

"We talk to them about getting a primary care provider," said Dr. Winters. "We hope to re-engage them in the medical system so in the future they are more likely to receive preventative eye care. Oftentimes those without insurance don't seek preventative care."

Of those served, more than 87 percent required corrective eyewear, and approximately half of the patients

referred to the program from Federally Qualified Health Centers had diabetes mellitus or hypertension.

The majority of VOHHA patients are ethnic minorities: approximately half are black, one-third are Hispanic, and the rest are Asian, American Indian or white.

The patients are funneled into the eye clinic at ICO and are seen by residents and students, precepted by faculty.

"You can see the impact we're making on these people's lives," said Dr. Winters. "You see people who face so many barriers, and we're reducing some of those barriers through this program."

Funded by the Robert Wood Johnson Foundation and local partners, VOHHA works toward its goals of strengthening patient-provider communication and providing health education to patients in order to prevent eye diseases.

## School visits by AOA leadership



**AOA President-elect Peter Kehoe, O.D., chats with University of Houston American Optometric Student Association Trustee Kristyn Reed, Trustee-elect Eric Haselhorst and past Trustee Angelique Sawyer following an AOA visit and presentation at the University of Houston (UH) College of Optometry Sept. 5. Also pictured are Sam Pierce, O.D., Trussville, AL, and Jody Tacker, O.D., Mexia, TX, of the AOA Student and New Graduate Committee. Drs. Kehoe, Pierce and Tacker updated UH students and, at a separate event, their faculty on AOA activities.**



**Ronald Hopping, O.D., member of the AOA Board of Trustees, visits with students Jenni Sinclair (left) and Angie Jammer during Student Night sponsored by the Michigan Optometric Association at the Michigan College of Optometry Sept. 18. Dr. Hopping updated the students on AOA activities and talked with them about his practice in Clear Lake, a suburb of Houston. He also visited with MCO faculty at a breakfast Sept. 19.**

## IU announces search for optometry dean

A search committee has been formed to seek a new dean for the Indiana University School of Optometry, said Charles R. Bantz, chancellor of Indiana University-Purdue University Indianapolis.

In announcing the committee, Bantz noted the accomplishments of Gerald E. Lowther, O.D., Ph.D., dean and professor of optometry at the IU School of Optometry. Dr. Lowther will retire as dean after 10 years of service in that position. Among his accomplishments are:

- ❖ Research funding increased
- ❖ Recruited six new high-caliber tenured research faculty
- ❖ IU School of Optometry is now known as a premier research facility in Visual Optics
- ❖ New \$3 million clinical facility on Third Street on Bloomington campus breaking ground this month
- ❖ Increased outreach to underserved population of Indiana with establishment of Rural Health program (provide services at four community-based health clinics in southern Indiana)
- ❖ Establishment of ECCO (Eye Care Community Outreach program) in Indianapolis
- ❖ Implementation of problem-based curriculum
- ❖ 99 percent graduation rate (2007)
- ❖ National Board of Examiners in Optometry scores dramatically increased
- ❖ O.D. applications increased
- ❖ OAT scores of admitted O.D. students increased



## Executive Director

### The American Optometric Association Foundation

National foundation has an immediate opening for an Executive Director. Successful candidate directs and coordinates activities of the AOA Foundation in accordance with established policies to further achievement of goals, objectives and standards of the Foundation. Position holder plans, organizes, and directs all ongoing and special project funding programs.

A Bachelor's degree from four-year college or university; or five to eight years related experience and/or training; or equivalent combination of education and experience in fundraising and/or endowment is required. Experience in a non-profit setting and a Certified Fund Raising Executive (CFRE) is preferred. Successful candidate will possess excellent written, oral, and presentation skills; demonstrated leadership skills; and the ability to effectively manage direct reports. Position holder must also have budget expertise, strong organizational and problem solving skills. The Executive Director must have the ability to write reports, business correspondence, and procedure manuals as well as the ability to read, analyze, and interpret general business periodicals, professional journals, technical procedures, or governmental regulations. The Executive Director must be able to effectively present information and respond to questions from groups of managers, Board of Directors, volunteers, and the general public. Candidate must be able to travel to out-of-town meetings. **Qualified applicants please forward your resume with salary history and requirements to:**

American Optometric Association  
[HumanResources@theAOA.org](mailto:HumanResources@theAOA.org)  
Human Resources  
243 N. Lindbergh Blvd.  
St. Louis, MO 63141  
FAX: 314-983-7306

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Please do not send your resume as an attachment.

## Study to weigh role of antioxidants, fish oil in staving off AMD

The National Institutes of Health (NIH) is launching a nationwide study to see if a modified combination of vitamins, minerals, and fish oil can further slow the progression of vision loss from age-related macular degeneration (AMD), the leading cause of vision loss in the United States for people over 60.

This new study, called the Age-Related Eye Disease Study 2 (AREDS2), will build upon results from the earlier AREDS.

The original study results were released five years ago this month.

The study found that high-dose antioxidant vitamins and minerals (vitamins C and E, beta-carotene, zinc, and copper), taken by mouth, reduced the risk of progression to advanced AMD by 25 percent and the risk of moderate vision loss by 19 percent.

AREDS2 will refine the findings of the original study by adding lutein and zeaxanthin (plant-derived yellow pigments that accumulate in the macula, the small area responsible for central vision near the center of the retina) and the omega-3 fatty acids DHA and EPA (derived from fish and vegetable oils) to the study formulation.

The main study objective is to determine if these nutrients will decrease a person's risk of progression to advanced AMD, which often leads to vision loss.

Previous observational studies have suggested these nutrients may protect vision.

"Vision loss from AMD is an important public health issue. This study may help us find a better way to treat this devastating disease,"

said Elias A. Zerhouni, M.D., director of the NIH.


Paul A. Sieving, M.D., Ph.D., director of the National Eye Institute (NEI) at NIH, said, "Nearly 2 million Americans have vision loss from advanced AMD, and another 7 million with AMD are at substantial risk for vision loss. In the AREDS study, we found a combination of vitamins and minerals that effectively slowed the progression of AMD for some people.

"Now, we will conduct this more precisely targeted study to see if the new combination of nutrients can reduce AMD progression even further. This study may help people at high risk for advanced AMD maintain useful vision for a longer time," he added.

Emily Y. Chew, M.D., study chair and deputy director of the Division of Epidemiology and Clinical Research at the NEI said, "The AREDS2 study is seeking 4,000 people between 50 and 85 years of age with AMD in both eyes or advanced AMD in one eye. They must be available for yearly eye examinations for at least five years. Until we get the results from AREDS2, we encourage people with AMD to visit their eye care professional to see if they need to take the AREDS vitamin and mineral formulation."

According to Dr. Chew, this alone could save more than 300,000 people from vision loss over the next five years.

For a list of study centers, eligibility requirements, and other information, go to: <http://www.nei.nih.gov/AREDS2>, or call (877) AREDS-80 (877) 273-3780.




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## Industry Profile: Transitions

Transitions Optical is pleased, as a participant of the AOA Ophthalmic Council, to have an opportunity again this year to update you on the efforts of our organization as we continue to strive to promote healthy sight in every light. Not only is this goal the tagline for our core product, Transitions® lenses, it is reflective of our company mission.

We look to achieve our mission – on one hand – by offering a product solution in the form of Transitions® lenses for everyday wear and the new Activated by Transitions™ product lines for specialty wear. Transitions lenses change from clear indoors to sunglass-dark outdoors in proportion to the intensity of ultraviolet (UV) light, offering the convenience of automatic UV and glare protection to reduce eye strain and fatigue while helping protect the long-term health of the eye. The new special-purpose lenses marketed as Activated by Transitions change from a tinted state indoors to a darker state outdoors, allowing sunglass wearers to enjoy the benefits of photochromic technology.

To help effectively promote healthy sight, however, Transitions recognizes more must be done than offering a quality product solution. The role of our partners who are on the frontlines delivering vision care is critical, and we are committed to providing them with the education and tools they need to be most successful.

Transitions Partners in Education™ is an integrated and comprehensive program that incorporates a wide range of critical information, tools and ongoing initiatives. Recognizing that kids and Hispanics are at-risk groups who may require tailored approaches to delivering healthy sight solutions, Transitions Optical has recently introduced a number of education resources focused on these populations.

Transitions recognizes that we are not alone in striving to support the cause of healthy sight and eliminating preventable blindness. At the end of 2006, Transitions launched the Transitions® Healthy Sight for Life Fund to encourage people to establish healthy eye habits now to optimize their vision and help preserve it for the future. Through the Fund, Transitions has partnered with Prevent Blindness America to further educate consumers about the importance of UV protection. The fund also offers a number of community grants to support education and service efforts at a local level.

Transitions also remains dedicated to reaching out to consumers, building a recognized brand and priming patients for more meaningful discussions with their eye care professionals. Transitions is committed to continued innovations in photochromic technology, marketing and education that, along with support from the industry, will enable eye care professionals to connect with consumers and engage patients in more meaningful ways.

**Industry Profile  
is a regular feature in AOA News  
allowing participants of the  
Ophthalmic Council to express  
themselves on issues and products  
they consider important  
to the members of the AOA.**



**Younger Optics and Transitions Optical, Inc. teamed up to create Drivewear® lenses Activated by Transitions™, which are the first polarized photochromic lenses to darken behind the windshield of a car. Since their introduction, Drivewear lenses have been getting rave reviews not only for driving, but for achieving ultimate vision in extreme, changing light conditions.**

**Shown is Kirk Wolfinger, a two-time Emmy Award-winning director and co-founder of Lone Wolf Documentary Group, who used Drivewear lenses for a recent trip to Antarctica to film a documentary, "Antarctica's Icy Secrets," to be aired on Nova, a premiere science series on PBS.**

**In order to overcome the extreme lighting conditions of Antarctica and produce the best possible documentary, Wolfinger knew he needed more than just regular sunglass lenses. He turned to David Heward, O.D., of South Portland, ME, who has been his optometrist for more than 10 years. Dr. Heward recommended Drivewear lenses as a way to combat the harsh lighting conditions of Antarctica.**

## Company introduces all-in-one UV meter

**O**ptiSource International announced the development of a first-of-its-kind, multifunctional digital ultraviolet (UV) meter.

The single-unit MultiMeter works as a UV spectrophotometer, photochromic lens demonstrator and visible light meter.

In just seconds, it can activate Transitions® or any brand photochromic lenses.

It can also measure UV transmittance of any lens and visible light transmittance of colored lenses.

"The MultiMeter gives any practice the ability to demonstrate how photochromic lenses will look when exposed to sunlight without having to walk outside," said Daryl

Squicciarini, vice president of OptiSource.

For hard-to-match tint tasks, the MultiMeter offers a precise visible light reading to match tint densities.

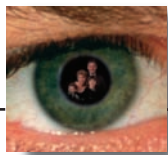
The device's compact footprint is a fraction of the size of a shoe box, making it convenient for countertop use.

The photochromic demonstrator works with both mounted and unmounted lenses, and the digital display instructions and four-button operation make the unit simple to use.

The MultiMeter costs about the same as a traditional UV meter, according to OptiSource.

For more information, visit [www.1-800-optisource.com](http://www.1-800-optisource.com) or call (800) OptiSource (678-4768).





## Transitions educational tools, research paper directs focus on children

**T**hrough a series of new course offerings, Transitions Optical, Inc. is expanding its efforts to provide eye care professionals with the educational tools and resources needed to communicate the importance of healthy sight to younger patients and their parents.

The Healthy Sight Counseling for Children

course series includes a COPE-approved module for optometrists, an ABO-accredited component for opticians and a clinical review paper.

Each seminar will focus on the Healthy Sight Counseling model of eye care and illustrate how the model can serve as a foundation to address the unique vision care and vision wear needs of chil-

dren.

A brief Skills Workshop for Real Life course is also available for in-office use, providing a quick, practical overview of Healthy Sight Counseling for kids.

Healthy Sight Counseling is an integrated approach to eye care that promotes customized vision correction, maintenance and preventive eye care, and increased professional and patient awareness of eye health through education.

The Healthy Sight Counseling methodology can be applied to patients of all ages, but certain aspects of healthy sight – such as the need for ultraviolet (UV) and trauma protection, and even self- and peer-acceptance – are especially important for children.

“Healthy vision is critical to a child’s early educational, functional and social

development – and a child’s eyes are more susceptible to certain risk factors that affect long-term ocular health, including impact and UV protection,” said Denis Fisk, global director of education, Transitions. “These courses will encourage eye care professionals to take that extra step when making product recommendations for children by focusing on the full range of factors impacting a child’s healthy sight, and by taking the time to educate parents on what is required to optimize healthy sight now and preserve it for the future.”

The courses focus on providing both quality and quantity of vision and encourage eye care professionals to consider lens enhancements – such as impact-resistant lenses, anti-reflective coatings, fixed-tint and photochromic lenses and polarized lenses – to address the individual needs of children.

The courses also highlight the importance of screening children for ocular disease and refractive error at an early age, stressing the need to consider various factors – such as systemic medications and their impact on healthy sight – when examin-

ing children.

Recognizing that education is key to the successful implementation of Healthy Sight Counseling, the courses also encourage eye care professionals to adopt an integrated approach to Healthy Sight Counseling for the child – involving parents, pediatricians, teachers, athletic coaches and anyone else connected to the child’s overall health and safety.

The courses complement a Transitions-sponsored *Healthy Sight Counseling and Children* clinical review paper.

The paper represents a collaborative effort by a panel of experts in vision and child care, including an optometrist, an ophthalmologist, a pediatric ophthalmologist, a pediatrician and an ophthalmic educator, and details several of the topics covered in the courses.

For more information about the new Healthy Sight Counseling for Children educational offerings, or to order a copy of the new clinical review paper, contact a Transitions Optical Solutions Team representative or call customer service at (800) 848-1506.



**Silhouette unveiled its fall 2007 Spirited Elegance Collection featuring exquisite artisan details. “The inspiration for these models comes from the lively and dynamic shape and color palettes of 1960s interior design,” said Silhouette designer Sonia Serlenga. Shown is style 6628. For more information, visit [www.silhouette.com](http://www.silhouette.com).**

## Ophthonix to offer professional business development grant program

**O**phthonix, Inc. announced a new grant program to accompany its designation as a premier sponsor of Cleinman Performance Network (CPN), a division of Cleinman Performance Partners, which provides a unique learning and development experience for forward-thinking and innovative optometrists.

“Cleinman Performance Network is comprised of the leaders of many of the largest optometric practices, representing more than 2 percent of the entire U.S. market,” said Alan Cleinman, CEO of Cleinman Performance Partners. “The majority of our members use the iZon High Resolution Lenses technology, and we are pleased that Ophthonix has chosen to continue to support our mission with their premier spon-

sorship.”

Ophthonix partnered with CPN to offer the “High Definition Meets High Performance” grant program, which is designed to provide qualifying Ophthonix practices with access to Cleinman Performance Partners’ proprietary business development processes.

“Ophthonix is committed to supporting the Cleinman Performance Network with professional education and business development opportunities,” said Stephen J. Osbaldeston, CEO of Ophthonix. “Our companies have had a strong partnership for several years now, and we’re looking forward to continued success with the ‘High Definition Meets High Performance’ grant program.”

As part of the CPN membership, facilitated groups meet to exchange

knowledge and develop new ideas about strategic, management and optometric financial issues relating to their practices.

These meetings are designed to provide optometrists and owners of optometric practices with an opportunity to learn from management and technology leaders and to experience professionally facilitated peer-to-peer knowledge sharing as a tool in helping them deal with challenges and opportunities.

Ophthonix and CPN will hold three “High Definition Meets High Performance” meetings in the fall.

To apply for the grant, contact Rosemary Chee of Ophthonix at (858) 869-2193.

For more information, call (858) 869-2100 or visit [www.izonlens.com](http://www.izonlens.com).



**Amy Sacks Eyewear is going “green” with its new bamboo eyewear collection designed by Ann Sacks. “I wanted to bring this sustainable material to my customers who seek a level of sophistication and design that is beyond anything offered today in the reading glass category,” said Sacks. The collection includes reading glasses, optical frames and sunglasses. Shown is style Masa. For more information, visit [www.amysacks.com](http://www.amysacks.com).**



## MEETINGS

### October

NEBRASKA OPTOMETRIC ASSOCIATION FALL CONVENTION  
Oct. 19-21, 2007  
Holiday Inn, Kearney, NE  
Kathi Schildt  
402/474-7716  
noa@assocoffice.net

NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY INTERDISCIPLINARY MANAGEMENT OF THE DIABETES PATIENT, Oct. 20-21, 2007  
Ft. Lauderdale, Florida  
Lorena Lizasaba 954/262-4224,  
oceaa@nsu.nova.edu  
<http://optometry.nova.edu/ce/diabetes/index.html>

SUNY, COLLEGE OF OPTOMETRY 6TH ANNUAL ENVISION NEW YORK Oct. 20-22, 2007  
Grand Hyatt, New York, NY  
Matthew Platarote 212/938-5830  
FAX: 212/938-5831  
mplatarote@sunyopt.edu  
[www.sunyopt.edu](http://www.sunyopt.edu)

AMERICAN ACADEMY OF OPTOMETRY  
Oct. 24-27, 2007  
Tampa, FL  
[www.aaopt.org](http://www.aaopt.org)

INTERNATIONAL LIGHT ASSOCIATION 4TH ANNUAL MEETING Oct. 24-28, 2007  
London, England, Dr. Jennifer Breiling  
800/814-3369  
[www.international-light-association.org](http://www.international-light-association.org)

IOWA OPTOMETRIC ASSOCIATION 2007 EDUCATIONAL SEMINAR - HAWKEYE Oct. 25-26, Marriott, Cedar Rapids, IA,  
iaoptasn@aol.com

NEW JERSEY SOCIETY OF OPTOMETRIC PHYSICIANS THERAPY BY THE SEA  
Oct. 26-28, 2007  
Sheraton Hotel, Atlantic City  
Edna McKinney 609/323-4012  
[www.njsop.org](http://www.njsop.org)

OPTOMETRY ASSOCIATION OF LOUISIANA FALL GUMBO CE  
Oct. 27, 2007  
Holiday Inn Convention Center, Alexandria, Dr. Jim Sandefur  
318/335-0675  
FAX: 318/335-0677  
optla@bellsouth.net, [www.optla.org](http://www.optla.org)

OPTOMETRIC EXTENSION PROGRAM 68TH ANNUAL MIDDLE ATLANTIC OPTOMETRIC CONGRESS Oct. 27-28, 2007  
Monroeville Radisson Hotel, Monroeville, Pennsylvania  
Robert Weathers, O.D.  
513-661-8877

### November

ARKANSAS OPTOMETRIC ASSOCIATION ARKANSAS FALL MEETING November 1-4, 2007

Rogers, AR Vicki Farmer  
501/661-7675  
aropt@swbell.net  
Vicki@arkansasoptometric.org

TEXAS OPTOMETRIC ASSOCIATION EYECON OF THE SOUTHWEST Nov. 3-4, 2007  
Dallas, Texas, Brigitte Kelly  
512/707-2020 or  
512/826-2020  
FAX: 512/326-8504  
toabrigitte@austin.rr.com  
[www.texas.optometry.net](http://www.texas.optometry.net)

ARIZONA OPTOMETRIC ASSOCIATION 2007 FALL CONGRESS  
Sedona, Arizona  
Nov. 2-4, 2007  
Hilton Sedona Resort  
602-279-0055  
info@AZOA.org

MASSACHUSETTS SOCIETY OF OPTOMETRISTS CONTINUING EDUCATION Nov. 4, 2007  
Best Western Hotel, Marlborough,  
Richard Lawless 508/875-7900  
FAX: 508/875-0010  
richie@massoptom.org  
[www.massoptom.org/events/default.asp](http://www.massoptom.org/events/default.asp)

NEW ENGLAND PROFESSIONAL CONFERENCES NATIONAL GLAUCOMA SOCIETY REGIONAL MEETING Nov. 4, 2007  
Highlander Hotel, Manchester, NH  
Janet Swartz 978/470-3500 or  
877/825-2020  
FAX: 978/470-4520  
nepc@comcast.net  
[www.neconferences.com](http://www.neconferences.com)

BRAIN VISION AND LEARNING CONFERENCE  
UM-St. Louis College of Optometry  
Nov. 7 and Dec. 5, 2007  
314/516-5655  
[www.umsl.edu/~conted/bvlC](http://www.umsl.edu/~conted/bvlC)

OPTOMETRIC EXTENSION PROGRAM VT/VISUAL DYSFUNCTIONS (OEP CLINICAL CURRICULUM)  
Nov. 7-11, 2007 Phoenix, Arizona  
Theresa Krejci 800 447 0370  
[www.babousa.org](http://www.babousa.org)

WEST VIRGINIA OPTOMETRIC ASSOCIATION ANNUAL CONVENTION November 8-11,  
Charleston Marriott Hotel,  
Charleston, West Virginia  
Roger K. Price 304/345-4710  
wvoa@wvoa.com, [www.wvoa.com](http://www.wvoa.com)

NORTH CAROLINA STATE OPTOMETRIC SOCIETY FALL EDUCATION CONGRESS  
Nov. 9-11, 2007 Asheville, NC  
Roxanne Webb 252/237-6197  
FAX: 252/237-9233  
Nceyes.org

CONNECTICUT ASSOCIATION OF OPTOMETRISTS 2007 EDUCATIONAL CONFERENCE Nov. 10-11,  
Mystic Marriott Hotel & Spa  
Debra Toupen 860/529-1900  
dtoupen@cteyes.org  
[www.cteyes.org](http://www.cteyes.org)

OPTOMETRIC EXTENSION PROGRAM HEART OF AMERICA OPTOMETRIC EXTENSION PROGRAM (OEP)  
November 10-11, 2007  
Wyndham Garden Hotel, Overland Park, Kansas Jane Philbrook, O.D.  
913-299-3548

CALIFORNIA OPTOMETRIC ASSOCIATION MONTEREY SYMPOSIUM 2007  
Nov. 16-18, 2007  
Monterey Conference Center and Monterey Marriott in Monterey, CA  
800/877-5738, ext. 228  
tamalon@coavision.org  
[www.montereysymposium.com](http://www.montereysymposium.com)

2007 FLORIDA OPTOMETRIC ASSOCIATION EYE SYMPOSIUM  
Nov. 17-18, 2007  
Sheraton Ft. Lauderdale, FL  
Kellie Webb, Kellie@floridaeyes.org  
800-399-2334  
[www.floridaeyes.org](http://www.floridaeyes.org)

PENNSYLVANIA OPTOMETRIC ASSOCIATION COMPREHENSIVE GLAUCOMA UPDATE & CLINICAL CARE AND CODING  
Nov. 18, 2007 Hershey Lodge and Convention Center, Ilene Sauertieg  
717/233-6455 llene@poaeyes.org  
[www.poaeyes.org](http://www.poaeyes.org)

OPTOMETRIC EXTENSION PROGRAM VT/STRABISMUS & AMBLYOPIA (OEP CLINICAL CURRICULUM)  
Nov. 29-Dec. 2, 2007  
Grand Rapids, Michigan  
Theresa Krejci, 800 447 0370  
[www.babousa.org](http://www.babousa.org)

MAINE OPTOMETRIC ASSOCIATION DECEMBER "ANNUAL" CONFERENCE  
Nov. 30-Dec. 2, 2007, Hilton Garden Inn, Freeport Hotel, Freeport, ME Joann Gagne  
207/626-9920  
moa.office@maineeyedoctors.com  
[www.maineeyedoctors.com](http://www.maineeyedoctors.com)

SOUTHERN CALIFORNIA COLLEGE OF OPTOMETRY GLAUCOMA CERTIFICATION PROGRAM  
Nov. 30-Dec. 2, 2007  
Fullerton, California  
Susan Atkinson, 714/449-7495  
satkinson@scco.edu, [www.scco.edu](http://www.scco.edu)

### December

MARYLAND OPTOMETRIC ASSOCIATION ANNUAL FALL CONVENTION AND CONTINUING EDUCATION SEMINAR, Dec. 1-2, 2007  
Baltimore Hyatt Regency, Baltimore, Maryland Kristen Shoemaker  
410/727-7800; 410/727-1801  
FAX: 410/752-8295  
moa@assnhqtrs.com  
[www.marylandeyes.com](http://www.marylandeyes.com)

NEW ENGLAND PROFESSIONAL CONFERENCES NATIONAL CORNEA AND ANTERIOR SEGMENT SOCIETY REGIONAL MEETING Dec. 2, 2007  
Holiday Inn, Marlborough,

Massachusetts, Janet Swartz  
978/470-3500 or 877-825-2020  
FAX: 978/470-4520  
nepc@comcast.net  
[www.neconferences.com](http://www.neconferences.com)

PCOS/WJOS  
Dec. 2 Sunday Seminar  
Holiday Inn, Philadelphia,  
Pennsylvania, Dr. Mark Margolies  
215/946-1221  
FAX: 856/783-6611  
emelman@gmail.com  
[www.camdeneye.com/about\\_us/continued\\_edu.htm](http://www.camdeneye.com/about_us/continued_edu.htm)

### January

MISSOURI OPTOMETRIC ASSOCIATION LEGISLATIVE CONFERENCE  
January 6-7, 2008  
Jefferson City, Missouri  
Joyce Baker 573/635-6151  
info@moeyecare.org

BRONSTEIN CONTACT LENS SEMINAR ARIZONA OPTOMETRIC ASSOCIATION January 11-13,  
Chaparral Suites Hotel, Scottsdale,  
602/279-0055

THE ULTIMATE PRACTICE MANAGEMENT CONFERENCE IV: SUCCESS, NOT JUST SURVIVAL!  
January 11-13, 2008  
Hollywood Beach Marriott, Hollywood, FL Don Teig, O.D.,  
203-438-5855  
doc7ct@snet.net  
[www.ultimateeventsllc.com](http://www.ultimateeventsllc.com)

UNIVERSITY OF CALIFORNIA, BERKELEY, SCHOOL OF OPTOMETRY 19TH ANNUAL BERKELEY PRACTICUM  
January 12-14, 2008  
DoubleTree Hotel, Berkeley Marina,  
Nyla Marnay  
510/642-6547 or  
800/827-2163  
FAX: 510/642-0279  
optoce@berkeley.edu  
[www.optometry.berkeley.edu](http://www.optometry.berkeley.edu)

GOLD COAST RETREAT  
January 19-20, 2008  
Florida

SUNY, COLLEGE OF OPTOMETRY NEW YORK GLAUCOMA SYMPOSIUM  
January 20, 2008  
LaGuardia Marriott, Queens, NY  
Matthew Platarote  
212/938-5830  
FAX: 212/938-5831  
mplatarote@sunyopt.edu  
[www.sunyopt.edu](http://www.sunyopt.edu)

6TH ANNUAL HEALTHY EYES HEALTHY PEOPLE™ (HEHP) CONFERENCE  
Jan. 31 and Feb. 1, 2008,  
Hyatt Regency Hotel at Union Station, St. Louis, Registration forms and the preliminary program will be mailed in November.  
John C. Whitener, OD,  
(800) 365-2219 X 4284  
JCWhitener-OD@aol.org

MINNESOTA OPTOMETRIC ASSOCIATION ANNUAL MEETING  
January 31-February 2, 2008  
Hyatt Regency Minneapolis, Minneapolis, MN  
Jessica E. Miller  
952/841-1122  
FAX: 952/921-5801  
Jessica@mneyedocs.org  
[www.minnesootaoptometrists.org](http://www.minnesootaoptometrists.org)

### February

HEART OF AMERICA CONTACT LENS AND PRIMARY CARE CONGRESS  
February 15-17, 2008  
Hyatt Regency Crown Center Hotel, Kansas City, Missouri  
[www.hoacsl.org](http://www.hoacsl.org)

OREGON OPTOMETRIC PHYSICIANS ASSOCIATION/OPTOMETRIC PHYSICIANS OF WASHINGTON COLUMBIA OPTOMETRY CONFERENCE  
Feb. 15-17, 2008  
Vancouver Hilton, Vancouver, Washington Judy Balzer  
425/455-0874  
FAX: 425/646-9646  
opw@eyes.org

DELAWARE OPTOMETRIC ASSOCIATION WINTER THAW CONTINUING EDUCATION EVENT  
February 16, 2008  
Embassy Suites, Newark, Delaware  
Troy Raber, O.D.  
302/346-1470  
traberod@aol.com

SUNY, College of Optometry SkiVision 2008  
February 16-20, 2008  
Snow Mass, CO, 800/868-4888  
[www.skivision.com](http://www.skivision.com)

MAINE OPTOMETRIC ASSOCIATION March "CE & SKI" Conference  
February 29-March 1, 2008,  
Grand Summit Hotel - Sugarloaf, Carrabassett Valley, ME  
Joann Gagne, 207/626-9920  
moa.office@maineeyedoctors.com  
[www.maineeyedoctors.com](http://www.maineeyedoctors.com)

**To submit an item for the meetings calendar, send a note to [eventcalendar@aoa.org](mailto:eventcalendar@aoa.org)**



# The American Optometric Association Order Department

## Office Hours: Monday - Friday, 8AM-4PM

(Central Standard Time)

**Fax:** (314) 991-4101

**E-mail:** [Orders@aoa.org](mailto:Orders@aoa.org)

**On the Web:** [www.aoa.org](http://www.aoa.org) under doctors/order department

**Toll-free:** (800) 262-2210  
automated telephone available 24 hours a day, 7 days a week.



American Optometric  
Association

243 N. Lindbergh Blvd.  
St. Louis, MO 63141

### Code Books

A list of codes to aid in submitting Medicare and third party insurance claims.

## CODES

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American Optometric Association

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Choose from five different styles to be imprinted with your personal information.

### Pamphlets

We offer a large selection of pamphlets to aid patients in understanding their eye care needs.

### Answer to Your Questions Series

These easy to read pamphlets help answer patients eye care questions.

#### What is astigmatism?

Astigmatism is a vision condition in which light entering the eye is unable to be brought to a single focus, resulting in vision being blurred at all distances.

Astigmatism is not a disease, but rather, a vision condition that is quite common. It often occurs in conjunction with other refractive errors like nearsightedness and farsightedness.

#### Why does astigmatism occur?

Typically, astigmatism is caused by the front of your eye (the cornea) being more oval than round, and not allowing light to focus properly on the back of your eye (retina). The cause of this irregular shape varies.

In some cases, it may be hereditary or it may result from such factors as pressure of the eyelids on the cornea, incorrect posture or increased use of the eyes for close work.

#### How common is astigmatism?

Most people have some degree of astigmatism. However, only individuals with moderate to severe astigmatism usually need corrective lenses.

**Answers To Your Questions About**  
**Astigmatism**

### Cataracts

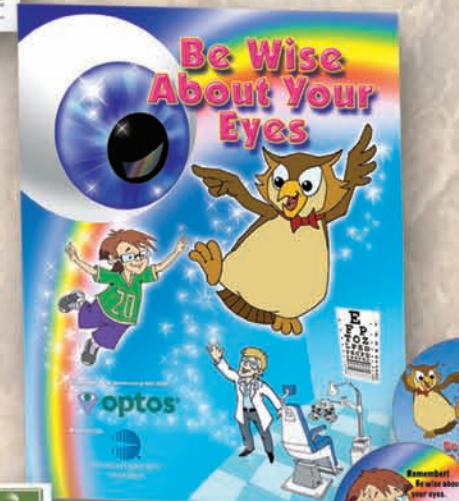
What are cataracts? People with cataracts will usually have blurry vision, double vision, and only certain colors will appear clear.

**Answers To Your Questions About**  
**Astigmatism**

**Answers To Your Questions About**  
**Astigmatism**

### Wise Eyes Material

Provides a fun way to teach children about the magic of sight. Designed especially for kindergarten through third grade.



### Fact Sheets

Easy to understand text and interesting facts with well drawn illustrations.

### STRUCTURAL ANATOMY OF THE EYE

### Charts and Models

Great for office displays and one-to-one patient education.

### Educational Material

NEW interactive CD with teachers guide included. Also, several pamphlets written for children's specific vision care.

### LASIK For Vision Correction

What is LASIK? LASIK is a laser eye surgery that corrects nearsightedness, farsightedness, and astigmatism. It is a safe, effective, and permanent procedure that can improve your vision without the need for glasses or contact lenses.

### HAT BLACK AMERICANS SHOULD KNOW ABOUT EYE HEALTH

Black Americans are more likely than white Americans to have certain eye conditions, such as glaucoma, which can lead to blindness if not detected and treated early. It is important for Black Americans to know about eye health and to get regular eye exams.

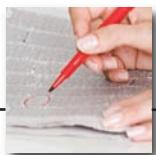
### DOCTOR OF OPTOMETRY

Doctors of Optometry are primary health care professionals who examine, diagnose, treat, and manage diseases and disorders of the visual system, the eye and associated structures as well as diagnose related systemic conditions. They prescribe glasses, contact lenses, low vision rehabilitation, vision therapy, medications, as well as perform certain surgical procedures.

### Signs and Plaques

Mark the important locations in your office with our large selection of signs. Name badges and plaques also available.





## SHOWCASE

# SEDONA

## Arizona Optometric Association 2007 Fall Congress

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Hilton Sedona Resort

20 hours of CE

For more information  
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email: [info@AZOA.org](mailto:info@AZOA.org)

## Association Executive Director

The Georgia Optometric Association (GOA) is seeking an experienced Executive Director. The Search Committee of the Morrow based Georgia Optometric Association is accepting applications for the position of Executive Director. This position serves as chief executive of the association which includes management of the administrative office and staff as well as facilitating board directives and policies.

Candidate must have the ability to manage multiple priorities which include but are not limited to financial management, membership relations and meetings, publications, legislative and governmental affairs, association political action and management of the Association's Foundation. Applicants must have excellent written and communication skills, general knowledge of association law and be detail oriented. Experience with a not-for-profit organization and/or health related organization is desirable. Excellent benefits.

Qualified applicants please forward your resume with salary history and three letters of reference plus cover letter to:

Bob McCullough, O.D., Chairperson  
Search Committee

1000 Corporate Center Drive, Suite 240  
Morrow, GA 30260

**Applications accepted until October 31, 2007.**



State University of New York  
State College of Optometry

### DEAN AND VICE PRESIDENT OF ACADEMIC AFFAIRS

The State University of New York State College of Optometry invites nominations and applications for the position of Dean and Vice President of Academic Affairs. This position is responsible for the overall administration, coordination, and development of instructional policies, programs, personnel, and facilities. The position also oversees curriculum implementation, research activities, faculty development objectives and strategies, course and program assessment, budget and planning.

The successful candidate must be an effective leader, working well with faculty, staff, and students, and must be an excellent communicator capable of integrating exciting and innovative changes into the curriculum. Candidates should have substantial experience in teaching, research, scholarship, and administration. A Doctor of Optometry degree is expected. The Dean and Vice President of Academic Affairs will report to the President of the College.

The Search Committee will start reviewing application material immediately with the expectation that the formal interview process will begin by December 1st, 2007. Applicants should submit a letter of interest, CV, and the names and complete contact information for three references. Confidential inquiries, nominations, and application materials should be directed to:

Ms. Elaine Wells, MA, MLS, AHIP  
Chair, Search Committee  
SUNY College of Optometry  
33 West 42nd Street,  
New York, NY 10036  
[ewells@sunyopt.edu](mailto:ewells@sunyopt.edu)  
[www.sunyopt.edu](http://www.sunyopt.edu)

Founded in 1971 in New York City, the SUNY State College of Optometry provides state-of-the-art education in the theory and contemporary practice of optometry. With primary emphasis placed on the excellence of its academic programs and faculty, the College also includes one of the country's largest outpatient eye and vision care facilities, the University Optometric Center.

In addition to its professional program, the College offers graduate research degrees in Vision Science (MS/PhD) and post-graduate clinical residency programs. The College also has an international reputation for excellence in innovative vision science research.

The State University of New York State College of Optometry is an Affirmative Action, Equal Opportunity Employer.

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY  
[www.opt.pacificu.edu](http://www.opt.pacificu.edu)

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### ASSOCIATE DEAN FOR RESEARCH

We seek highly qualified applicants for a newly established position. The Associate Dean for Research (ADR) will lead the research activities of the College which are managed within the Vision Performance Institute (VPI). Current research groups within the VPI include: sports vision, vision ergonomics, contact lenses, optics, and clinical. The ADR will grow the VPI by providing administrative and fiscal infrastructure, mentoring faculty and students, growing and teaching graduate programs, and maintaining an active personal research program. A strong record in teaching, scholarship and research and the supervision of graduate students is required. A strong track record in attracting external research grant support is expected. Applicants must have a record of leadership and previous administrative experience. The successful applicant will likely hold qualifications at the PhD level in a field relevant to Vision Science and an OD degree is desirable.

Candidates should submit a letter of application, current comprehensive curriculum vitae, and three references. Applications will be accepted until the position is filled.

#### SUBMIT APPLICATION MATERIALS TO:

James Sheedy, OD, PhD  
Pacific University  
College of Optometry  
2043 College Way  
Forest Grove, OR 97116  
[jsheedy@pacificu.edu](mailto:jsheedy@pacificu.edu)  
[www.opt.pacificu.edu](http://www.opt.pacificu.edu)

*All employment offers are contingent upon the candidate's satisfactory completion of a pre-employment background check. Pacific University is an equal opportunity employer.*

*A competitive recruitment and selection process is being conducted for this job opportunity: if a U.S. worker is not selected pursuant to this process, an application for alien employment certification may be filled on behalf of an alien to fill the job opportunity.*





## SHOWCASE

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Choose LasikPlus where the brightest of career futures awaits you. We offer competitive compensation, excellent benefits, and an inspiring environment that recognizes your talent, encourages your growth and rewards your performance.

For immediate consideration, send your CV/resume to: LasikPlus, 7840 Montgomery Road, Cincinnati, OH 45236; Fax: (513) 792-5626; e-mail: [employment@lca.com](mailto:employment@lca.com); Office: 1-866-763-3030.

**Please stop to visit us at the American Academy of Optometry Annual Meeting, October 24th to October 26th in Tampa, FL! We will be located in Booth #439.**

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**Maynard Pohl, OD, FAAO**  
**Jim Thimons, OD, FAAO**

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Or Visit us at: [www.otce.net](http://www.otce.net)

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**800-868-4888**  
[mplatarote@sunyopt.edu](mailto:mplatarote@sunyopt.edu)

Silvertree Hotel Reservations  
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ask for the SkiVision rates

#### FEATURED SPEAKERS:

Andrew Adler, MD	John Flanagan, MCOptom
Jim Colgain, OD	Jeffrey Gilbard, MD
Kathy Dumbleton, MCOptom	Jack Schaeffer, OD
Richard Durocher, OD	Leo Semes, OD
Robert Fechtner, MD	Ed Smith, MD
Murray Fingeret, OD	

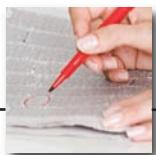


State University of New York  
State College of Optometry

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[www.skivision.com](http://www.skivision.com)







## SHOWCASE

### Casey Eye Institute-Optometrist

**Schedule:**

Days, Full Time

The Casey Eye Institute at Oregon Health & Science University (OHSU) in Portland, Oregon is seeking an Optometrist with exceptional clinical skills in the areas of Low Vision Rehabilitation and comprehensive eye & vision care to join the practice.

The Casey Eye Institute houses the department of Ophthalmology within Oregon Health & Science University. The Institute has over 50 physicians and optometrists who cover all subspecialty areas of ophthalmology and optometry and is nationally recognized for the excellence of its staff. Casey is home to 300 total employees, and is part of OHSU, which has nearly 12,000 employees working to fulfill its mission of teaching, healing, discovery and outreach.

Candidates must have earned a Doctor of Optometry degree from an accredited college or school of optometry and possess or be eligible to obtain current Oregon licensure. Completion of a residency in low vision rehabilitation or equivalent clinical experience is expected. Required clinical skills include comprehensive low vision rehabilitation, refractometry, keratometry, retinoscopy, tonometry, pachymetry and the ability to perform and analyze corneal topography, and provide comprehensive eye & vision care including contact lens fitting and dispensing. Other desired skills include clinic management, teaching of ophthalmology residents, patient counseling, and public speaking.

Salary commensurate with experience. OHSU offers excellent benefits with an employer paid retirement plan. OHSU is an equal opportunity, affirmative action institution.

**Please send CV and letter of interest to:**

**Contact:** Alix Bach, MPA

Human Resources Manager

**Email:** [bacha@ohsu.edu](mailto:bacha@ohsu.edu)

**Mail:** 3181 S.W. Sam Jackson Park Road, Mail Code CEI-HR  
Portland, OR 97239-3098

**Phone:** (503) 494-2640

**Fax:** (503) 494-0470



Department of  
Veterans Affairs

### VA Boston Healthcare System - Optometrist

"The VABHCS is seeking a qualified **Optometrist** to serve as the **Chief of the Optometry Section**. This is an outstanding opportunity to lead an established, highly accredited and multifaceted program. Responsibilities include the administration and oversight of an integrated six- site optometry section comprised of a group of accomplished and talented optometrists. This position offers exceptional opportunities in patient care, education, research, and telehealth. Prior VA patient care experience as well as a demonstrated track record in clinical education, administration, and research is preferred. The Chief, Optometry Section oversees and participates directly in patient care as well as the education of optometry students, residents, and fellows. In addition, the Chief supervises the section's professional and support staff, monitors implementation of VA clinical and administrative protocols as well as VA performance measures. Superior leadership and management skills with a commitment to and passion for excellence are essential attributes. The selected individual must qualify for faculty appointment at the level of Associate Professor at the New England College of Optometry.

Interested candidates should submit electronically a letter of interest and complete curriculum vitae to

Anna Leitaio

Human Resources Management Service  
[vhabhsjobs@med.va.gov](mailto:vhabhsjobs@med.va.gov)

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### Vice President, Clinical Services

TLCVision is a premier eye surgery services company and one of the world's largest providers of laser vision correction procedures. At TLC, everyone is working toward the common goal of helping people to see better than they ever have, without contacts or glasses. We have the following opportunity in our corporate headquarters in St. Louis, MO.

The VP of Clinical Services is a member of the senior management team for our refractive centers business. This position is accountable for ensuring the highest levels of quality and patient satisfaction in combination with fiscal outcomes. You will direct the development, implementation and continuous improvement of clinical and technology initiatives to support the short-and long-term goals and objectives of the refractive centers business. This position is accountable for a high level of impact by ensuring satisfaction and engagement of our employed optometrists, contracted ophthalmologists and referring doctors. Relies on experience and judgment to plan and execute against objectives.

The qualified candidate will possess Doctor of Optometry licensure and demonstrated leadership in providing a positive influence to the relationships across all areas and levels within a corporate medicine environment. The ability to plan and manage at both strategic and operational levels is required. Must have a clear understanding of quality as an encompassing term comprising: utility, objectivity and integrity. The ability to travel 50+% of the time is necessary. The incumbent must be an outstanding relationship builder; team builder and possess strong communication, decision-making and execution skills. Must be business and technology savvy and have a drive to succeed!

TLCVision offers a competitive salary, comprehensive benefits and excellent career development opportunities. Please send resume to (INDICATING POSITION TITLE IN SUBJECT LINE) to: [careers@tlcvision.com](mailto:careers@tlcvision.com)

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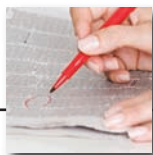
### The Prevention of Blindness Society of Metropolitan Washington Announces a Low Vision Residency

The Prevention of Blindness Society (POBS) of Metropolitan Washington D.C. is pleased to sponsor a one year clinical fellowship in Low Vision Rehabilitation, starting July 7, 2008. A generous compensation package including medical and malpractice insurance, paid time off and educational benefits will be provided. Training will take place at the Inova Hazel E.R.

Widner Low Vision Center, in Northern Virginia and the National Rehabilitation Hospital, Washington, DC. The goal of the program is to provide advanced clinical training in low vision rehabilitation for individuals who have already completed a low vision residency, or well qualified, new graduates with a strong interest in low vision, by practicing in an interdisciplinary clinical setting within the Physical Medicine department of two of the prominent outpatient rehabilitation facilities in the area. The candidate will also participate in the activities of POBS including lecturing to visually impaired groups, performing vision screenings and conducting community awareness programs. The fellowship has been designed to introduce the candidate to the community and potentially provide a permanent low vision rehabilitation opportunity. Therefore, preference will be given to applicants willing to remain in the metropolitan Washington D.C. community and continue practicing low vision rehabilitation upon completion of the fellowship.

Please see the Society's website at [www.youreyes.org](http://www.youreyes.org) for application forms and more information.

Visit the AOA  
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at  
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Northwest Eye Surgeons offers competitive compensation, comprehensive benefits package including 401K, and continuing education opportunities. Come join our team!

Please forward resume and cover letter to:

Human Resources  
 Northwest Eye Surgeons  
 10330 Meridian Ave N, Suite 370  
 Seattle, WA 98133  
 Fax: 206-522-1479  
 Email: [HR@nweyes.com](mailto:HR@nweyes.com)  
 Visit our website at [www.nweyes.com](http://www.nweyes.com)



### INDIANA UNIVERSITY

SCHOOL OF OPTOMETRY

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Indiana University School of Optometry seeks a tenured-track faculty member. Responsibilities would include teaching in the professional optometry degree program, overseeing graduate students and developing a funded research program in a clinically related field (preference given to an individual in the area of contact lenses, ophthalmic optics and/or geometrical optics).

Rank and salary will be commensurate with experience. Applications received on or before December 1, 2007, will be assured consideration; however, applications will be reviewed until a suitable candidate is identified.

Information regarding the school and Indiana University is available at <http://www.opt.indiana.edu/> and regarding Bloomington at <http://www.visitbloomington.com/>.

Candidates should have completed an optometric or medical degree and have advanced research experience. For consideration, please forward a statement of teaching and research experience and interest, CV or resume, and contact information for three references to:

Attn: Dr. Vic Malinovsky, Chairperson  
 E-Mail: [opthr@indiana.edu](mailto:opthr@indiana.edu)  
 OAA #: 20709-11  
 TT Faculty Search and Screen Committee  
 Indiana University  
 School of Optometry  
 800 E. Atwater, Room 307  
 Bloomington, IN 47405  
 Fax: (812) 855-8664

Rank and salary will commensurate with experience. Applications received on or before December 1, 2007, will be assured consideration; however, applications will be reviewed until a suitable candidate is identified.

*Indiana University is an equal opportunity, affirmative action employer and encourages applications from candidates with diverse cultural backgrounds.*

### Florida Optometric Association

In Conjunction with Nova Southeastern University College of Optometry

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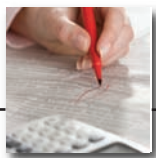
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Associate needed for 23 year old specialty practice. LV, Developmental Vis., CRT, specialty contacts. Will mentor if desired. 806-745-2222 Lubbock, Texas

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**Central VA** - Small city. Associate position leading to partnership. Residency trained or 2 years experience. Email [vita\\_with\\_cover\\_letter\\_to\\_advancedeyecare@hotmail.com](mailto:vita_with_cover_letter_to_advancedeyecare@hotmail.com)

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**NE OHIO Private Practice** for Sale - Very established Metro area 550K Gross. **WESTCHESTER County NEW YORK** - Dr. retiring 1.3M Gross. **FLORIDA** West coast 450K Gross - Relocation necessary. Practices available throughout the US. Contact Sandra Kennedy at National Practice Brokers (800) 201-3585.

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Optometry Opportunities in Connecticut, Massachusetts, New York, New Jersey, Pennsylvania, Texas and Wisconsin. We are seeking caring Optometrists to join our group practice who desire to provide the highest quality of patient care in a challenging and rewarding setting. You will examine and diagnose the full range of eye pathology, while serving a significantly important population in your community. We currently have FT & PT opportunities available in CT, MA, NJ, NY, PA, TX & WI. We offer an excellent compensation package, including Malpractice, Health, Life, Dental, 401k, CEU, mileage, LT & ST Disability. We provide you with an established patient base, all equipment & supplies, complete office support, and a family-friendly flexible schedule with no nights or weekends. If interested, please email your CV to [caring@healthdrive.com](mailto:caring@healthdrive.com) or call MARIA (toll free) at 877-724-4410.

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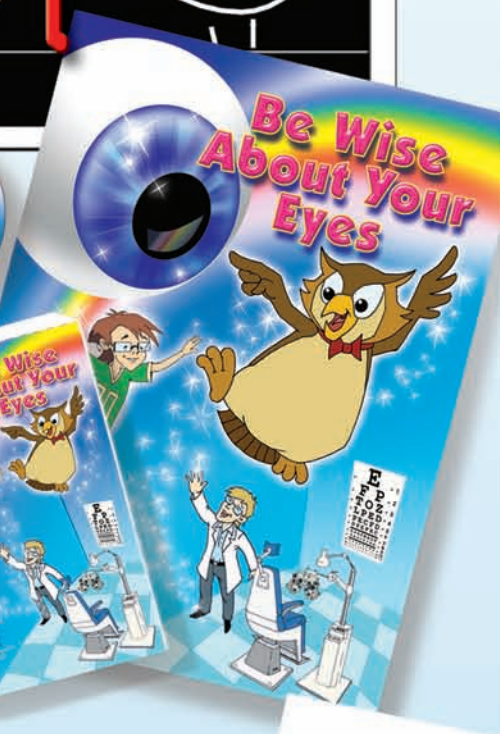
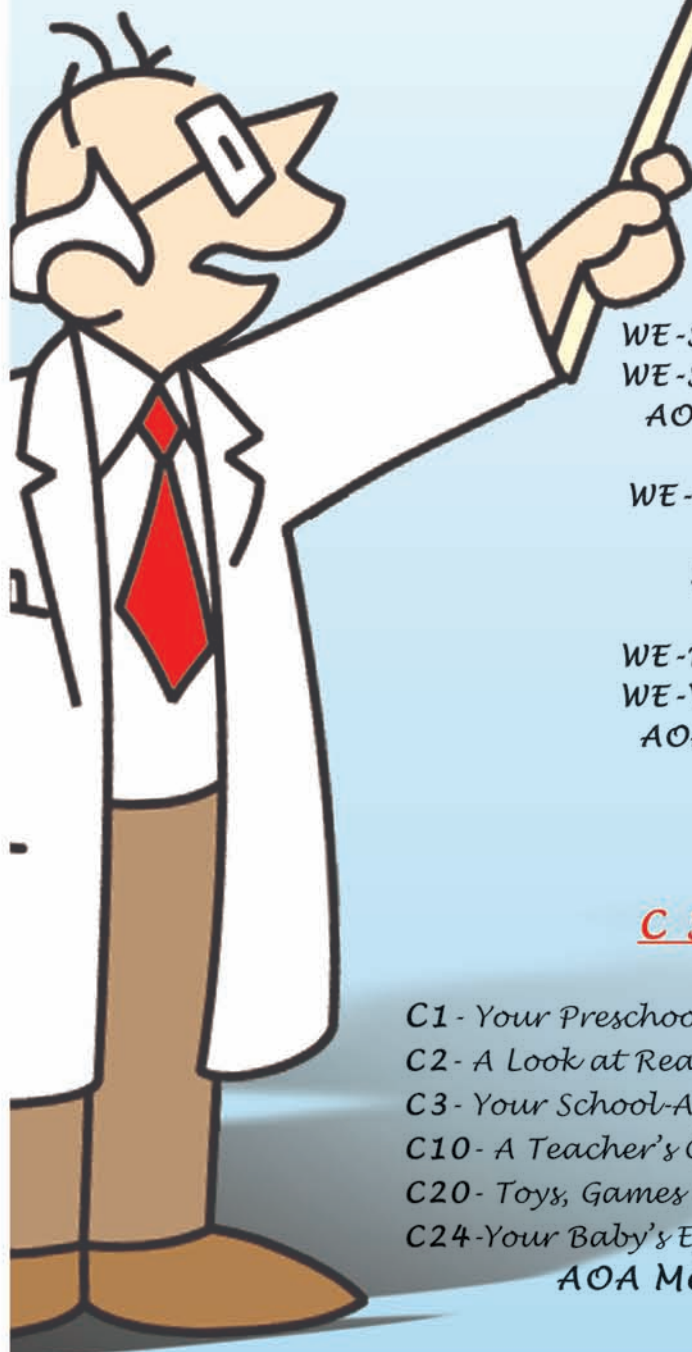
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